Screaming Eagle Cross Country Camp Registration Form

**Mail to:** Mike Hillyard, Athletics Department, 8600 University Boulevard, Evansville, IN 47712

**Make checks payable to:** Mike Hillyard

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size S M L XL

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Emergency Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name / Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check One: Resident Camper ($275) \_\_\_\_\_\_\_\_\_\_ Commuter ($200)\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_ Grade (Fall 2017)\_\_\_\_\_\_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roommate Preferences (If you have friends or teammates attending camp that you would like to room with, please list them here. If not, just leave this portion blank)

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents’ Statement (must be signed):** I understand the camp reserves the right to dismiss any camper whose conduct is detrimental to the overall good of the camp. No refund will be issued. No deduction will be made for early departure, etc, except in case of emergency. I hereby authorize the directors of the Screaming Eagles Cross Country Camp to act according to their best judgment in any emergency requiring medical attention. A recent physical examination for my child indicated there is no reason not to participate in camp activities.

Parent or Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL CERTIFICATION AND LIABILITY STATEMENT**

The following must be completed and on file before the first day of camp. Please complete and return with your application. I understand the camp reserves the right to dismiss any camper whose conduct is detrimental to the overall good of the camp. No refund or proration will be made. I hereby certify that (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is physically fit and can participate in an active physical program, and I know of no impairment which would in any manner limit his/her participation in camp. I hereby authorize the camp director and his staff to act for me in an emergency, and hereby waive and release the camp director and his staff from any liability for my son’s / daughter’s injury or illness while he / she is in attendance at camp. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such treatment as deemed necessary (including surgery, x-ray examinations and anesthesia to be rendered to said minor by a licensed physician / nurse.

Parents’ or Guardians; Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_