

# 2010 Legend Spring/Summer Camp Registration

Please Print. Do not include more than one participant per registration form; use blank form to make copies for additional participants.  
Please mail or bring in registration forms and checks to the Athletic Office, or the Camp Instructor.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent\Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

School student now attends \_\_\_\_\_ Grade (as of 2010-2011 School Yr.) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Emergency Information:** If we cannot contact parents, call:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

## STUDENT AND PARENT OR GUARDIAN ADVISEMENT AND PERMIT

Colorado High School Activities Association Rules and Regulations state that no pupil shall participate in interscholastic activities until he/she is on file with the appropriate office: (a) a statement signed by his or her parent or legal guardian that he/she has the consent to participate and (b) a statement from a practicing physician certifying that the pupil is physically fit to participate in high school interscholastic activities.

**WARNING:** Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. PLAYERS UNDERSTAND AND, BY THEIR PARTICIPATION, AGREE THAT THEY MUST AND WILL OBEY ALL SAFETY AND TRAINING RULES, FOLLOW DIRECTIVES OF THE COACHES, PROMPTLY REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM AND INSPECT THEIR OWN EQUIPMENT DAILY. By signing this Permission Form parents and student acknowledge that they have read and understand this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

We understand that coaches, trainers and team physician may use their own judgment in securing medical aid and ambulance service in case of an emergency or in mild injuries where parents cannot be reached. Also the team physician, trainer and/or coach may apply first aid treatment until the family physician can be contacted.

I have read the forgoing, acknowledge the "WARNING" above, accept the risks described and agree to abide by the principles and regulations contained therein.

X \_\_\_\_\_  
Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

I/We have read the foregoing, acknowledge the "WARNING" above, accept the risks described and hereby give consent for the above named student to participate in interscholastic athletics within the Douglas County School District Re. 1, in the following Colorado High School Activities Association approved sports except those crossed out: Baseball, basketball, cross country, football, golf, gymnastics, soccer, swimming, tennis, track and field, volleyball and wrestling. Consent includes spirit teams, managing and training unless crossed out.

X \_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## INTERSCHOLASTIC ACTIVITIES INSURANCE WAIVER

I fully understand the Douglas County School District Re. 1 does not provide health or life insurance coverage for the above named student while he/she is participating in the activities associated with interscholastic sports. I/We further understand that it is my/our responsibility to provide adequate insurance coverage to the above named student.

X \_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Camp #	Camp Title	Date/Time of Camp	T-Shirt Size	Cost of Camp
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Please make checks payable to Legend High School. Your processed check will be your receipt.

If check is returned, you may be charged collection fees through the District. If paying with credit card, please print out the credit card form and return with registration form.