

ASH Sports Camp Registration Form

Camp Starts May 30 thru July 14th

Complete this form and send along with a non-refundable \$60.00 registration fee money order, check, or cash to:

(ASH Sports Camp, P.O. Box 12303, Alexandria LA 71303)

Weekly Rate is \$150.00 a week \$120.00 each additional sibling Daily rate: \$60.00

Camper's Name: _____ Address: _____

City: _____ State: _____ Zip: _____

T-Shirt Size: (circle one) YS (6-8) YM (10-12) YL (14-16) Adult sizes: S M L XL

School: _____ Todays Date: _____

Sex: M F Age: _____ Birthdate: _____ Allergies: _____

Medications: _____ Phone #: _____

Emergency contact _____ Cell _____ Other _____

Additional Emergency Contact _____ Cell _____ Other _____

Family Email Address: _____

Please circle the weeks you plan to attend: 1 2 3 4 5 6 7

ASH Sports Camp Waiver

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules and regulations of the ASH Sports Camp, COVID 19 Protocols if needed, and its instructors. Recognizing the possibility of physical injury associated with sports and in consideration for the ASH Sports Camp accepting the registrant for its summer programs and activities. I hereby release, discharge and /or otherwise indemnify the ASH Sports Camp, its affiliated organization and sponsors, their employees, and associated personnel, including the owners of the field and facilities utilized for the program against any claims by or on behalf of the registrants' participation in the Camp and/or being transported to or from the same, which transportation I hereby authorize. I also grant permission for the ASH Sports Camp officials to authorize medical treatment for registrant in the event of any emergency in which I cannot be contacted.

Registrant's Name

Parent/Guardian Signature

Date