



## K-8 MHS SUMMER CAMP REGISTRATION/PERMISSION FORM

- One Registration PER CHILD – your signature is required on the back side of this form in two different places....
- Fee includes such things as t-shirts, instruction, awards, games, and plenty of fun
- Complete and deliver or send registration with tuition. Be sure to specify which week, camp/sport, and gender.
- Each participant MAY NOT RECEIVE confirmation prior to camp.
- Financial Assistance is available. Call or e-mail the coach of the camp for more information. .

MAKE CHECK PAYABLE TO MHS and deliver or Mail registration and camp tuition to: Molalla High School Athletics/Summer Camps (Deb)  
OR pay on schoolpay.com then mail or email the registration form to-debbic.freshour@molallariv.k12.or.us PO Box 309 - Molalla, OR 97038

Student Name: \_\_\_\_\_ Parent/Guardian(s) Names: \_\_\_\_\_

Grade: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Circle T-Shirt Size: YS YM YXL AS AM AL AXL

**Please check the camps your athlete will be attending**

<input type="checkbox"/> Football August 6-8	Braves Camp for grades 3-8 <sup>th</sup>	<i>Includes T-Shirt if Registered by July 1</i>	6:00 – 8:00 pm	\$30
<input type="checkbox"/> Cheer August 13-16	Cheer Camp for Incoming K-3	<i>Includes T-Shirt if Registered by August 1</i>	4 – 5 pm	\$40
<input type="checkbox"/> Cheer August 13-16	Cheer Camp for Incoming 4-5	<i>Includes T-Shirt if Registered by August 1</i>	5:30 – 6:30 pm	\$40
<input type="checkbox"/> Cheer August 13-16	Cheer Camp for Incoming 6-8	<i>Includes T-Shirt if Registered by August 1</i>	6:30 – 8 pm	\$40
<input type="checkbox"/> Volleyball August 6 -9	VB Camp for all incoming 6-9 <sup>th</sup>	<i>Includes T-shirt if registered by July 1-4<sup>th</sup></i>	3 – 5:30 pm	\$35
<input type="checkbox"/> Girls Basketball June 18-21	Indian Basketball Camp for 3rd- 8 <sup>th</sup> Grades	<i>Includes T-Shirt if registered by 6/6</i>	9:30 - Noon	\$35
<input type="checkbox"/> Boys Basketball June 25--28	Youth Camp for boys entering 1 <sup>st</sup> – 8 <sup>th</sup> Boys entering 1 <sup>st</sup> – 4 <sup>th</sup> Grade Boys entering 5 <sup>th</sup> – 8 <sup>th</sup> Grade	<i>Includes T-Shirt if registered by 6/6</i> 9:00 – 11:30 am Noon – 3 pm		\$35
<input type="checkbox"/> Wrestling July 10-14	Youth Camp for 4 <sup>th</sup> - 12 <sup>th</sup> grade	<i>Includes T-shirt if registered by July</i>	7:30 – 4 pm	\$125
<input type="checkbox"/> Soccer July 13-16 <sup>th</sup>	Indian Boys & Girls Soccer Camp for incoming K - 8		9:00 – 1 p.m.	\$50
<input type="checkbox"/> Tennis June 26-29	Tennis Camp for all boys and girls ENTERING grades 1-5		9 – 10 am	\$40/\$60 per family
<input type="checkbox"/> Tennis June 26-29	Tennis Camp for all boys and girls ENTERING grades 6-8		10:15 -11:30 am	\$40/\$60 per family
<input type="checkbox"/> Tennis August 1-3	Tennis Camp for all boys and girls ENTERING grades 1-9		9 – 10:15 am	\$20/\$30 per family
<input type="checkbox"/> Track July 16-20	Track Camp for incoming K-5 <sup>th</sup> @ Heckard Field	<i>Includes T-shirt &amp; Friday's Sparta Race</i>	9 – 11:00 am	\$40

Check -----Cash-----Online \_\_\_paid \_\_\_unpaid TOTAL \$ \_\_\_\_\_

### 2018 Molalla High School Summer Camps Liability Release

Molalla High School offered youth sports camps and other athletic opportunities can provide unique and important educational opportunities for students. *Students that take advantage of these opportunities will help improve their overall athletic ability and skills.* However, there are inherent risks to such activities, some of which cannot be eliminated due to the inherent nature of the activities. I understand that participation in athletic programs is purely voluntary, that there will be no negative repercussions for choosing not to participate, and that I am allowing my child to participate out of his/her/my own free will fully aware of the attendant risks associated with the activity.

I understand that the Activity is voluntary and will expose my child to risks, both foreseen and unforeseen, that could cause harm to my child, his/her property, and harm to other persons. Examples of risks include physical injury, emotional injury, property damage, economic loss, non-economic loss, and deprivation of rights, privileges, and immunities. I have reviewed the enclosed program rules and information and acknowledge I understand the risks to which my child may be exposed as a result of participation in the Activity. Furthermore, I understand and agree that during the Activity my child will be, at times, without direct supervision. I realize no amount of reasonable supervision or training can eliminate all the dangers of athletic participation and that my child may suffer serious injury as a result of participation in athletic events. Notwithstanding this possibility and with full knowledge and understanding of the risk of serious injury to my son/daughter as a result of athletic participation I give my permission for my son/daughter to participate in the Activity.

In consideration for providing my child the opportunity to participate in the Activity and any related transportation to and from Activity events, both my child and I voluntarily agree to waive and discharge any and all claims against Molalla High School and Molalla River School District and release it from liability for any loss regardless of cause, including claims for any negligent actions of the District or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors. I also agree to release, exonerate, discharge and Hold Harmless the District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of injuries of any kind to me, my child, our property, or losses of any kind which may result from or in connection with my child's participation in the Activity, including injuries stemming from the negligent actions of the District or its employees or agents. I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.

In the event that my child may require emergency medical treatment while participating in the Activity, I authorize the District and its agents to secure the help of a medical services provider and to incur the expenses for medical services recommended by the medical services provider, and I will provide for the payment of these expenses. I understand that Activity staff and chaperones will attempt to contact me or other emergency contact(s) listed on the enclosed Medical Treatment Authorization form in the event my child requires medical treatment, but I acknowledge and agree that Activity staff and chaperones may proceed with securing medical treatment for my child even if I or other emergency contact(s) are not able to be reached.

# 2018 MHS Summer Athletic Camps for K-8

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in the Activity, the above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release Molalla High School and Molalla River School District from all liability for any loss regardless of cause, and claims arising from the student's participation in the Activity. In addition, I authorize the Activity staff to secure the service of a doctor or hospital. I will incur the expenses for necessary services in the event of accident or illness and provide for the payment of these costs

\_\_\_\_\_  
Parent/Legal Guardian Signature



\_\_\_\_\_  
\*Date

## MEDICAL INFORMATION AND TREATMENT AUTHORIZATION

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Parent or Guardian phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

### Emergency Contact if Parent/Guardian cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Medical Information:

Known allergies (drug or natural) \_\_\_\_\_

Special medication being taken \_\_\_\_\_

Any special information/instructions concerning medication: \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

History of heart condition, diabetes, asthma, epilepsy, or rheumatic fever: \_\_\_\_\_

Any physical restrictions \_\_\_\_\_

Other conditions \_\_\_\_\_

Physician name and phone number \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

IN CASE OF SURGICAL EMERGENCY: I hereby give permission to the physician selected by the school director, or in his/her absence, his/her designee, to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named above.

Any directions to the contrary should be specified on the reverse side of this form and signed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date