**REGISTRATION:**

**Please print this form and bring it with you to the camp.**

**Payments can be also be made on site. CASH OR MONEY ORDER ONLY! RSVP by email to** **brad.stephens@dcssga.org** **to reserve your spot. Please make sure you fill out the registration form completely! You can register the day of camp!**

**Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_**

**Gender (Circle): Male or Female**

**T:shirt Size: \_\_\_\_\_\_\_\_\_\_**

**Parent(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_\_\_\_**

**Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policy # and Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The sports camps have adopted the following procedures for caring for your child when he/she becomes sick or injured while attending camp: (1) the camp will call home first or the number listed as a medical contact. If there is no answer, (2) the camp will call an ambulance, if necessary, to transport the child to a local medical facility. (3) Based on the medical judgment of the attending physician, the child may be admitted to a local medical facility. (4) The camp will continue to call the parents or guardians until one is reached. If one cannot be reached and the camp authorities have followed the procedure described, I agree to assume all expenses for moving and medically treating the camper. I also hereby consent to any treatment, surgery, diagnostic procedure, or administration of anesthesia which may be carried out based on the medical judgment of the attending physician. I waive and release the Chapel Hill Camp director Brad Stephens, Chapel Hill High School, Douglas County Schools and camp staff from any and all liability for any injuries incurred by my child while at camp or arising out of travel to or from the Chapel Hill Camp.**

**PARTICIPANT’S NAME ( Print Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT’S or GUARDIAN’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**