



REGISTRATION FORM

When: TUESDAY, June 28—FRIDAY, July 1, 2016; 9am—noon (registration begins at 8:30am)

Where: Beaver Creek Elementary School 21944 South Yeoman Road, Beaver Creek 97004

Who: Kids entering 1st—6th grade in the fall *Ages 4-5 yrs will be in Preschool Skills Camp*

Cost: \$15 and includes Mega Sports Camp T-shirt, daily snack, & take home activities

Form & Payment: can be mailed to MVCC; 1678-P S. Beaver Creek Road, Oregon City 97045

Questions: Contact Heidi Newkirk—heidi@mvcommunity.net

Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Last school grade completed _____ Male/Female _____

SPORTS CHOICE (choose one)

_____ Soccer (bring a soccer ball and shin guards labeled with your name)

_____ Basketball (bring a basketball labeled with your name)

_____ Flag Football (wear shorts and cleats, ball is optional—label with your name)

_____ Cheerleading (wear comfortable shoes)

_____ Skateboarding (Beginning to experienced skaters welcome- bring own skateboard if possible, helmets required
*limit to 1st 25 kids who register)

_____ Preschool Skills Camp (ages 4 and 5)

T-shirt size (please circle) Youth sizes: **XS S M L** Adult sizes: **S M**

Guardian(s) name _____

Home phone _____ Work phone _____

In case of emergency, contact _____ Phone _____

Special concerns (allergies, medications, medical conditions, etc.) _____

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend the camp/clinic. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during MEGA Sports Camp, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp, and I hereby hold the camp staff and sponsoring organization(s), as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my child may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my child to a medical treatment center. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the camp.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization and its representatives from any claims for personal illness or injury that my child may sustain during the camp. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp.

Name of Parent/Guardian _____

Date _____ Signature of Parent/Guardian _____