



# 2017 SUMMER CAMP REGISTRATION

Camper's Name \_\_\_\_\_ School \_\_\_\_\_

Grade in Sept. 2017 \_\_\_\_\_ Camper's DOB \_\_\_\_\_ Camper's email \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Parent email \_\_\_\_\_

Address \_\_\_\_\_

Shirt size: YS YM YL S M L XL XXL \_\_\_\_\_ Phone \_\_\_\_\_ Parent Cell \_\_\_\_\_

(circle one—required for all camps)

Insurance Company \_\_\_\_\_ Insurance Co. Phone \_\_\_\_\_ Group/Policy# \_\_\_\_\_

Camper's Medications \_\_\_\_\_ Camper's Allergies \_\_\_\_\_

Medical Conditions/Special Instructions \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Please sign up for all camps using this one registration form. Mark all that apply:

<input type="checkbox"/> Volleyball (7-9 graders)	<input type="checkbox"/> Goalkeeping (1-9 graders)	<input type="checkbox"/> Drawing (5-8 graders)	Full payment is due with this registration form.  Make checks out to "Lutheran West"  Amount enclosed \$ _____  Check number _____
<input type="checkbox"/> Volleyball (4-6 graders)	<input type="checkbox"/> Boy's Basketball (3-6 graders)	<input type="checkbox"/> Ceramics (2-8 graders)	
<input type="checkbox"/> Girls' Multi-Sport (K-4 graders)	<input type="checkbox"/> Boy's Basketball (7-9 graders)	<input type="checkbox"/> Ceramics (2-4 graders)	
<input type="checkbox"/> Co-ed Soccer (1-4 graders)	<input type="checkbox"/> Football (4-8 graders)	<input type="checkbox"/> Theater Arts (5-8 graders)	
<input type="checkbox"/> Co-ed Soccer (5-9 graders)	<input type="checkbox"/> Girl's Basketball (3-8 graders)		
	<input type="checkbox"/> Track & Field (5-8 graders)		

**WALK UP:** Walk ups may be permitted at some camps with an added \$5 fee to registration charge. To confirm space is available for walk up, please contact the coach or advisor via their contact information located on their designated camp page.

**REFUND:** Lutheran West Summer Camp refund policy is only if you are registered and unable to attend last minute. It is the camp cost less a \$10 transaction fee. In order to receive your refund, you must contact the school office with your reason at 440-333-1660.

# PARTICIPATION CONSENT FORM AND RELEASE REGARDING LUTHERAN WEST SPONSORED ATHLETIC/ENRICHMENT ACTIVITY 2017

The Cleveland Lutheran High School Association ("CLHSA") and Lutheran High School West ("LHSW") are pleased to offer opportunities for non-Lutheran West students to participate in various athletic/enrichment activities; provided, however, that the non-student and his or her parent or guardian review and sign this Participation Consent Form and Release and agree to abide by the terms and provisions contained herein:

- I/we have legal authority to execute this Participation Consent Form and Release on behalf of the student named below;
- I/we acknowledge that an opportunity to ask questions or obtain additional information about the rules and potential risks pertaining to participation in the Lutheran West sponsored athletic/enrichment opportunity identified below has been made and is available to me, and that I have the right to discontinue participation in said activity at any time by sending a written notice to the Administration of LHSW;
- If it is necessary or desirable that the student named herein be provided medical treatment, LHSW, its agents or representatives, are hereby authorized to provide and/or seek medical attention including, but not limited to, first aid, cardio pulmonary resuscitation, professional emergency medical care, and otherwise. I/we agree to be financially responsible for the cost of any medical care afforded to the student, and will hold LHSW and the CLHSA harmless from and against any demands for such costs; and
- I/we understand that LHSW and the CLHSA cannot and do not serve as insurers of the student's safety and that, whether through the negligence of LHSW or the CLHSA, their coaches, teachers, representatives, third parties, or otherwise, injuries can and sometimes will occur. In consideration for allowing the student to attend and/or participate in the athletic/enrichment opportunity identified below, including practices, scrimmages, camps, conditioning, etc., **I/WE RELEASE AND AGREE TO HOLD HARMLESS LHSW AND THE CLHSA, THEIR COACHES, TEACHERS, AGENTS AND REPRESENTATIVES, FROM AND AGAINST ANY AND ALL LIABILITY OR RESPONSIBILITY FOR INJURIES OR DAMAGES SUFFERED BY THE STUDENT IN CONNECTION WITH HIS OR HER PARTICIPATION IN ACTIVITIES RELATED TO THE ATHLETIC/ENRICHMENT OPPORTUNITY IDENTIFIED BELOW.** I/we further recognize that to expect or call upon the CLHSA or LHSW to accept responsibility and/or assume liability for such potential injuries or damages could result in such additional costs to the CLHSA and LHSW that the athletic/enrichment opportunity identified below may not be offered in the future.

Activity Lutheran West Summer Camps

Non-Student Name \_\_\_\_\_

Non-Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

- Please identify medications being taken by the student, and indicate any allergies or other information that would pertain to the student in the event medical care is required.