

TOWN OF RUSH RECREATION DEPARTMENT
2010 Girls Modified Soccer Camp
Monday August 16th- Thursday August 19th
5:30PM-7:30PM
Rush Town Park behind Rush Town Hall
Grades(incoming Fall 2010) 5th -8th, ages 11-13
Bring ball, shin guards and water to drink

Cost: Resident \$60.00 and \$65.00 non-resident (includes cost of camp and t-shirt)
Adult T-shirt size _____

This form must be completed for each participant. Grade entering 9/10 _____
Participant Information

Participant name: _____ Date of Birth: _____ Age: _____
Address: _____ City: _____ Zip Code: _____
Home Phone: _____

Parental/Guardian Information

Mother/Guardian Full Name: _____ Evening Phone: _____
Father/Guardian Full Name: _____ Evening Phone: _____

Emergency Contact (if different from parent/guardian)

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Names of Designated Adults authorized to pick up participant

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Does this child have any conditions we should be aware of? Yes No
If yes, please list: _____

I, the [parent] [legal guardian] of the child named on the registration form, who is enrolling in the Rush Modified Soccer Camp, give my approval to his/her participation in activities related to this program. I acknowledge that I fully understand any and all risks which are or may be associated with this program and the child's participation in such program and activities. I represent to the Town of Rush and the Rush Recreation Program that I know of no medical condition which could or should prevent the child from participating in said program.

I further, hereby release, indemnify and hold harmless the Town of Rush and the Rush Recreation Program's respective officers, employees, officials, boards, commissions, committees, and any members of the same and the instructors and counselors, conducting or taking part in the program. In the case of injury to my child, I hereby waive all claims against teach and all of the above-mentioned persons or entities. I likewise waive, to the extent not covered by liability insurance, any claim against any person, or entity, transporting my child to or from the activities. **PLEASE SIGN YOUR CHILD IN AND OUT OF THE PROGRAM. DO NOT DROP OFF AT PROGRAM. THANK YOU.**

Parent/Guardian Signature: _____ Date: _____