

# SUMMER CAMP REGISTRATION - Please check your camp below

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Baseball                | <input type="checkbox"/> Lacrosse          | <input type="checkbox"/> Track Cross Country |
| <input type="checkbox"/> Basketball              | <input type="checkbox"/> Speed/Mental Math | <input type="checkbox"/> Track Speed         |
| <input type="checkbox"/> Boys Camp               | <input type="checkbox"/> Robotics          | <input type="checkbox"/> Volleyball          |
| <input type="checkbox"/> Cheer                   | <input type="checkbox"/> Rugby             | <input type="checkbox"/> Water Polo          |
| <input type="checkbox"/> Football                | <input type="checkbox"/> Soccer            | <input type="checkbox"/> Wrestling           |
| <input type="checkbox"/> Football/Baseball Combo | <input type="checkbox"/> Swim              |  |

T-Shirt Sizes:  S  M  L  XL

Note that not all camps offer t-shirts. Please check the website for camp description and for more information.

*Band*

SESSION (OR DATE AND TIME)		GRADE ENTERING	BIRTH DATE
FULL NAME		SCHOOL	
ADDRESS		EMERGENCY PHONE	
CITY	STATE	ZIP	
E-MAIL			

Campers are insured by a supplemental insurance program. Campers be required to provide their own transportation to and from camp. No refunds given after the first day of a camp session or for missed days.

Assumption of Risk and Release: To the fullest extent permitted by law, I her consent and agree to assume all responsibility for any and all risks of dama or injury to my child or my property that may occur in, on, or about the facil used in connection with this clinic and that I use such facilities, equipment, & instruction at my own risk. To the fullest extent permitted by law, I hereby fu and forever release and discharge all instructors, the school, and the facility the employees of the facility from any and all liability, claims, demands, righ action, or causes of action, present or future, whether the same be known o unknown, anticipated or unanticipated, which may accrue to my child, for a damages or injury received either in or about the facilities, equipment or instruction of the clinic. I hereby acknowledge that I am the sole judge of my child's physical abilities and condition to engage in this clinic for which the release is given. In the event of an emergency, I give the clinic staff permissi to act accordingly to my child's best interest.

PARENT'S SIGNATURE	DATE
<p>Mail to: Brother Rice High School                  Attn:  <i>Band Director</i>                  10001 South Pulaski Road, Chicago, IL 60655</p>	

**RUGBY**