

2020 Racine Lutheran Summer Camps

Registration and Medical Waiver

Student Name:

Address:

Email:

Phone:

Age:

Going into grade:

School attending:

My son/daughter has permission to participate at the Racine Lutheran Summer Camp. We are aware of the inherent risks and hazards of the program and by signing we certify that we are cognizant of those risks. We hereby authorize the staff of the RLHS camp to act on our behalf according to their best judgment in any emergency requiring medical attention and I hereby waive and release Racine Lutheran High School, its employees, and agents from any injuries and illnesses incurred while at camp. I have no knowledge of any physical impairment that would be affected by the camper's participation in the camp program. In the event of an injury, I grant permission for my son/daughter to be given immediate emergency care by an emergency physician. I will be responsible for any medical cost or other charges in connection with my son's/daughter's attendance at this camp.

Please note any medical conditions we should be aware of:

Insurance Carrier:

Policy Number:

Parent Name:

Parent Signature:

Date:

2020 RLHS Volleyball Camp

T shirt size :

YS	YM	YL	AS	AM	AL	AXL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Mail your registration and payment to:

Becky Demuth
RLHS Volleyball Camp
10198 3 Mile Road
Franksville, WI 53126