

BLUECAT/BLUEKATT CAMP APPLICATION

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENTS OR LEGAL
GUARDIAN'S NAME: _____

HOME PHONE: _____ WORK PHONE: _____

SCHOOL ATTENDING IN 2021-2022: _____ GRADE FOR 2021-2022: _____

T-SHIRT SIZE: _____ **ACE STUDENT? YES or NO**

PLEASE CIRCLE ALL CAMPS YOUR CHILD WILL BE ATTENDING:

TRACK SOFTBALL BASEBALL BASKETBALL
VOLLEYBALL FOOTBALL TENNIS

EMERGENCY CONTACT (IN CASE PARENTS CANNOT BE REACHED):

NAME: _____ PHONE: _____

MEDICAL INFORMATION:

I hereby certify that _____ is physically fit to participate in the BLUECAT/BLUEKATT CAMP(S). I know of no physical impairments, which would in any manner limit participation in such a program. Is there any pertinent information which we might need regarding your son/daughter such as diabetes, epilepsy, etc.?

I hereby register my child for the camp described below and authorize the staff to direct him/her in participation in camp activities. I authorize the staff to attend to any health problem or injury my child may incur while attending camp. I further acknowledge that the BLUECAT/BLUEKATT CAMP, the coaches, Coleman I.S.D., and anyone associated with the camp, will not be liable for any damage from injuries or illness sustained during the camp.

SIGNATURE OF PARENT OR GUARDIAN
.....

Make checks payable to: BLUECAT/BLUEKATT SPORTS CAMP(S)

PLEASE NOTE: \$30.00 Fee per Camp NO REFUNDS DURING OR AFTER WEEK OF CAMP!

Checks may be dropped off at the High School office or mailed to the following address:

BLUECAT/BLUEKATT SPORTS CAMPS
C/O-John Elder
201 W. 15th St.
Coleman, TX 76834

TOTAL AMOUNT PAID: _____