



# ***2017 Track & Field Summer Camp***

**June 13-July 27 2017**

## ***Registration Form***

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: ☐ Travis HS ☐ Bowie MS ☐ Sartartia MS ☐ Other \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
City Zip

PARENTS/  
GUARDIANS \_\_\_\_\_

CONTACT NUMBERS: \_\_\_\_\_  
Home//Cell Emergency Phone

CAMP FEE: ☐ \$80 per session (Online—Cash—Money order) ☐ \$25 Scholarship

SESSION: ☐ 1-June 13th –29th (6:30-7:30 p.m.) ☐ 2-July 10th-27th (6:30 –7:30 p.m.)

PLEASE LIST ANY MEDICATIONS OR MEDICAL NEEDS THAT YOUR CHILD HAS: (such as an inhaler, etc.)

\_\_\_\_\_  
I hereby authorize the staff of Travis High School to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release Travis High School, its staff and administration and Fort Bend I.S.D. and its administration from any and all liabilities from any injuries or illnesses incurred to my child while attending the camp. I have no knowledge of any physical impairment that would be affected by my child's participation in the camp. I also understand that Travis High School has the right to use photographs of campers taken while attending camp for publicity and advertising purposes.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

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