

Cypress Lakes 2019 Sports Performance Camp Registration

Name _____ DOB _____

Address _____

Guardian's name _____ Phone# _____

Guardian's email _____

Emergency contact _____

Is camper allergic to anything? _____ If yes, explain _____

Is camper currently taking medication? _____ If yes, explain _____

What sports is he/she playing _____

Which sessions will your camper be attending? Please circle: June 10th to 28th, July 8th to July 26th, or both.

Does camper have permission to swim? Yes No

Does camper have permission to ride his/her bike through the neighborhood? Yes No

Does camper have permission to leave with Coaches to go to levee or park for a workout? Yes No

Waiver and Release Form for Cypress Lakes 2019 Sports Performance Camp

Liability Release and Parental Consent Form

In order for my child to participate in the Summer program, I hereby waive, release, and discharge any and all claims for damages for personal injury, and property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Cypress Lakes Country Club, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Parental Consent (Complete if applicant is under 18) I give consent for my child _____ to participate in the above activities, and I execute the above liability release on their behalf. Consent for Treatment I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Cypress Lakes Country Club will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Parent/Guardian Signature

Print Name

Date

Camper's Name

Age