

SCHOOL CAMP or CLINIC PARTICIPANT DISCLOSURE / REGISTRATION

FORM B

Complete this form. Parent/Guardian permission and signature required to participate. Return completed form to School/Location's main office.

Name of Camp/Clinic:		
Ages/Grades:		
Coach:		
Maximum Number of students:	UHSAA Tryout Implic	rations: Yes No
Nahaal/Laadian		
Dates and Times:		
Cost: \$ Payable to (School/Location):	
Registration Deadline:		
For more information call:		
PARTICIPANT INFORMATION		
Name of Participant:		
M: F: Date of Birth:	Age:	Grade:
Address:		
City:	State:	Zip:
Name of Parent or Legal Guardian:		
Pnone:	Cell:	
Email:		
In Case of Emergency, Please Notify:		
Phone:	Cell:	
INFORMED CONSENT /	WAIVER OF LIABILITY	AGREEMENT
LIABILITY RELEASE & INDEMNIFICATION: I hereby r	recognize and acknowledge that	my or my child's participation in recreational
activities may involve bodily and/or emotional injury to me and/		
I, for myself, my child, my heirs, my executors and administrate	ors, hereby voluntarily and knowi	ingly indemnify, hold harmless, release, waive,
discharge and defend Jordan School District and its officers, el		
negligence, based on any injury except those caused solely by		
that I or my insurance company will pay for medical, hospitalizations TRANSPORTATION: I acknowledge that Jordan School Dis		
competition(s), practice(s), or program(s) as listed above and t	· · · · · · · · · · · · · · · · · · ·	
arrange transportation for the student. I further agree to make		
EMERGENCY TREATMENT: In case of an emergency inv	_	
staff to act on my behalf in accordance with their best judgmen	nt, and I agree to assume full resp	ponsibility for all expenses, medical or other-
wise that may arise therefrom.		
REFUNDS: Jordan School District may withhold 25% of the		•
in person, accompanied with a written refund request. No refu		
COLLECTIONS: In the event that my account is referred for with reasonable attorney's fees.	collection, ragree to pay sordar	I School District for all costs incurred, together
EQUAL OPPORTUNITY: Jordan School District provides 6	equal opportunity to participate re	egardless of race, creed, gender, and will, upon
request, provide reasonable accommodations to individuals with		, , , , , , , , , , , , , , , , , , , ,
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By signing this informed consent/waiver of liability agreement,		
to the terms. Parent or Legal Guardian signature is required be	I acknowledge that I have read it	ts contents, understand its contents and agree
totilo totilio. Il albitto Legal Gualulati signature is required be		•
ware within. I alone or Loyal Guardian signature is required by		•
walo willo. Talon of Logal Guardian Signature is required by		•