



SUMMER CAMP

Registration

CAMPER's information

Name: _____
(Last) (First)

Male Female

Date of Birth: _____ 2019/20 Grade: _____

Can child be photographed? (see below for additional information)* Yes No

T-shirt size: _____

List any allergies or medical conditions: _____

Please select:

6/11-6/13: Basketball \$95

6/26-6/28: Soccer \$95

CAMPER's information

Name: _____
(Last) (First)

Male Female

Date of Birth: _____ 2019/20 Grade: _____

Can child be photographed? (see below for additional information)* Yes No

T-shirt size: _____

List any allergies or medical conditions: _____

Please select:

6/11-6/13: Basketball \$95

6/26-6/28: Soccer \$95

Accident/Injury Release Statement

In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in any SBS Camp and any activity therein. I hereby release StoneBridge School and its faculty, staff, and volunteers from any liability, costs and damages resulting from this individual's participation.

I also give my consent for StoneBridge School to seek emergency treatment for the participant if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

I have read and understand the above statement and the SBS Camp Policies & Procedures.

Parent/Guardian Signature: _____

Date: _____



Photography Authorization & Release

I authorize StoneBridge School to use images, photographs, student art work, crafts, poems, or other creations by my child for promotional materials and/or the school's website. I release StoneBridge School from all liability in connection with such use. I understand that StoneBridge School will not compensate my child or me for use of said images/products.

Parent/Guardian Signature: _____

Date: _____

➔ MORE ON OTHER SIDE



SUMMER CAMP

Registration

PARENT's information

(Please check one) Mr. Miss Ms Mrs. Dr.

Name:

(Last)

(First)

Address:

(Street)

(City)

(State)

(Zip)

Home Phone:

Mobile Phone:

Email:

ALTERNATE EMERGENCY CONTACT information (required)

(Please check one) Mr. Miss Ms Mrs. Dr.

Name:

(Last)

(First)

Address:

(Street)

(City)

(State)

(Zip)

Home Phone:

Mobile Phone:

Email:

Payment

Basketball and Soccer Camps are \$95 per athlete.

Please select:

- Bill me in FACTS (SBS students only)*
- Pay by check (due at registration)*