

INDEMNIFICATION BY PARENT OR GUARDIAN OF APPLICANT

The undersigned parents of guardian of _____ the Applicant for and in further consideration of the Lutheran High School Summer Camp accepting said applicant, does hereby release and discharge the Board of Trustees of the Lutheran High School of San Antonio and its representatives, employees, and agents from any and all debts, claims, demands, actions, damages, causes of action, judgment, or suits of any kind which may arise or be occasioned a result of the applicant's participation in the Lutheran High School Summer Camps and hereby agree to have and indemnity and keep harmless the Board of Trustees of the Lutheran High School of San Antonio, its representatives, employees, and agents against any and all liability, claims judgments, or demands for damages arising as a result of any course instruction given the applicant by the Lutheran High School Summer Camp.

Signature of Parent or Guardian

Date

MEDICAL TREATMENT AUTHORIZATION

I/We being the parents and or legal guardian of the applicant authorize Lutheran High School and its agents, permission to request emergency medical treatment or care as necessary to insure the well-being of our dependent. Further, I claim that the registrant has had a physical examination in the past year and was found fit for all physical endeavor.

Signature of Parent or Guardian

Date

Are you or your dependent entitled to benefits under any Employer, Union, Group Plan, Group Blue Cross Blue Shield, Medicate, Medicaid or any other Government Program? ___ Yes ___ No

Complete the following:

Person carrying other insurance coverage _____

Employer or sponsoring organization _____

Insurance Company _____

Plan or Policy No. _____

One form per sport required.

REGISTRATION FORM

Male ___ Female ___

Name _____ Age ___ Grade as of Sept. '11 ___ Phone _____

Parent/guardian Name _____ Work Phone _____ Cell Phone _____

Home Address _____ City _____ Zip _____

E-Mail Address _____

Emergency Contact Name _____ Relationship _____ Phone _____

Health Information: Does your child suffer from any of the following conditions? (check all that apply)

___ asthma (please have athlete bring emergency inhaler)

___ diabetes

___ heart condition (please explain) _____

___ allergic reaction (please list) _____

Please list any injuries or surgeries your child has had in the past _____

Other medical conditions of concern (please explain) _____

Grade School Attended _____ Church Attending _____

Camp Attending _____ Date _____ Time _____ Cost _____

T-Shirt Size (circle size) **YOUTH-** S M L **ADULT-** S M L XL

******READ AND SIGN THE PARENT PERMISSION STATEMENT ABOVE******

Forms must be complete to guarantee a spot. Make checks payable to **Lutheran High School** and mail form and check to:

Athletic Director

Lutheran High School Summer Camps

18104 Babcock Road 78255