



## 2023 FRESHMEN CAMP REGISTRATION

**Camper Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent's Phone:** \_\_\_\_\_ **School/Team:** \_\_\_\_\_

**Grade (2023-2024):** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent's Email:** \_\_\_\_\_

**Camper's T-Shirt Size (circle one):**      **Youth S M L**      **Adult S M L**

*(t-shirts cannot be guaranteed for late registrations)*

I, the undersigned, hereby certify that I am the parent or legal guardian of \_\_\_\_\_ and give permission for the staff of the 2023 Ballard Field Hockey Clinics, during the period of the clinics, to seek appropriate medical attention for my child in the event of an accident, injury or illness and for my child to receive medical attention in the event of such an accident, injury or illness. I will be responsible for any and all of the costs of the medical attention and treatment and have medical insurance to cover the costs.

I, as the parent or legal guardian of my child, understand that field hockey is an active physical sport, and that injuries can take place during play. I also understand that there will be a number of children attending the camp, there will be a limited number of coaches and counselors, and that my child cannot receive individual attention and supervision all the time. I understand that as with any sport, injuries can occur, and I hereby acknowledge that my child is physically fit and mentally capable of participating in field hockey and camp activities. I hereby represent that I have sought the opinion of my child's physician and he/she concurs that my child is fully capable of safely engaging in these activities. I hereby give permission for my child to participate in the 2023 Ballard Field Hockey Clinics and do hereby release, waive and discharge the Ballard Field Hockey Clinic, its staff and administration, the Ballard Field Hockey Booster Club, Ballard High School, its staff and administration and the Jefferson County Public School System from all rights and claims for damages, accident, injury or loss to personal property which may be sustained or occur during participation in the Ballard Field Hockey Clinic.

**Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## PARENTAL CONSENT

*Please complete the following information in order to enable healthcare facilities in Louisville to provide prompt emergency care to your minor child in the event of an accident, injury or illness.*

Camper Name: \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Medical Concerns / Allergies / Injuries:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_