

2018 Crusader Summer Camps registration form

Student _____

Parent's Name _____

Address _____

City _____ State ____ Zip _____

Phone _____ Emergency Phone _____

School You Attend _____ Grade 2018-19 School Year _____

Email Address: _____

Indicate below the program each student will be attending.

Program	Cost
_____	_____
_____	_____
_____	_____

Total Cost \$ _____ Check # _____

Slamma Jamma
ONLY
Jersey
(Circle one):
Youth Sizes

S M L

* Slamma Jamma Camps includes a practice jersey. Please note the size. >>

Crusader Summer Camps Release and Affirmation:

We hereby affirm that we are aware of the inherent risks and hazards of the program ____ (initial). By signing this release, we certify that we are cognizant of those, understand and agree that neither the Lutheran High School Association nor any of its' employees and agents may be held liable in any way for any occurrence, including rescue operations, in connection with the camp which may result in injury, death, or other damages to me or my family, heirs, or assigns. In consideration of being allowed to participate in this camp, we hereby personally assume all risks in connection with said camp and activities related thereto for any harm, injury, or damage which may befall me and further to save and hold harmless the program, Lutheran High Association, and all persons associated therewith from any claim by us, or our families, estates, heirs, or assigns arising out of enrollment and participation in this camp.

This is signed by the camp participant's parent or his/her legal guardian with their consent. We understand that the terms herein are contractual and not a mere recital, and that this has been signed freely and voluntarily. It is the intent of the signers hereto to exempt and release the Lutheran High School Association and all its' agents of any derivative damage caused by anyone's act, error, omission or negligence.

We have fully informed ourselves of the contents of this Release and Affirmation by reading and understanding it before we signed it.

Father or Mother _____ or Legal Guardian _____

Please complete in full and mail to:

Sheboygan Lutheran High School Attn.: Crusader Camps Coordinator
3323 University Dr., Sheboygan, WI 53081