

Consent & Waiver

I give my consent for my child to be treated by any member of the camp staff for minor injuries. I also grant permission for my child to be transported to and treated by any medical facility the camp staff deems necessary. I realize that the expenses for treatment will be my responsibility.

I understand that I hold the Wells Family Resource & Cultural Center and all camp staff harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity during June 1, 2023-August 31, 2023.

_____.
Participant Date

_____.
Parent or Guardian Date

Medical Treatment Release

Player's Name:_____.

Address:_____.

Parent (Guardian):_____.

Day Phone # & Cell #:_____.

Please list two people who may be contacted if parent (guardian) cannot be reached:

Name:_____ Phone:_____.

Name:_____ Phone:_____.

Physician Reference:

Physician 1:_____ Phone:_____.

* If physician is available, do we have your permission to take your child/children to a hospital or available physician? Yes _____ No _____

Medical history and physical limitations or problems the camp staff should be aware of?

I understand that legally the Wells Family Resource & Cultural Center have any financial responsibility if injuries or accidents occur while participating in athletics. I certify that my son/daughter or ward has no aliment or organic defects that would make athletic participation dangerous to his/her health

Parent/Guardian's Signature:_____Date:_____.

Camp Registration

Participant's Name: _____

Camp(s) attending:

- ☐ Hoop Camp
- ☐ Roping Camp
- ☐ Tumbling Camp
- ☐ Tie Dye Camp
- ☐ Canvas Camp
- ☐ Hiking/Fishing Camp
- ☐ Dance Camp
- ☐ Volleyball Camp
- ☐ T-ball Camp
- ☐ Swimming Camp
- ☐ Soccer Camp

Camps are \$10 each. Payment method:

- ☐ Check
- ☐ Cash
- ☐ PayPal paypal.me/WellsFRC

*If paying by paypal, please note your child's name
and which sport camp you are paying for.

