

## "SUMMER IS COMING"

### Forms Must Be Filled Out Completely To Be Consider For Eligibility

Emergency Cor SCHOOL NAME: Sibling Name: MY CHILD HAS ME PLEASE SPECIFY	DICAL HISTORY: (Please Specify)  SHIRT (Youth or Adult)	Age Sibling Attend	Camp: Yes/No	
Emergency Cor SCHOOL NAME: Sibling Name: MY CHILD HAS ME PLEASE SPECIFY	DICAL HISTORY: (Please Specify)  SHIRT (Youth or Adult)   Small   Medic	Age Sibling Attend	Camp: Yes/No e □ 2 X Large	
Emergency Cor SCHOOL NAME: Sibling Name: _ MY CHILD HAS ME	DICAL HISTORY: (Please Specify)	Age Sibling Attend	Camp: Yes/No	
Emergency Cor SCHOOL NAME: Sibling Name:		Age Sibling Attend		
Emergency Cor SCHOOL NAME:				
Emergency Cor			_ GRADE	
			CBADE:	
Cell Hone	ntact Person	Phone/Cell:	Relo	ation:
Call Phone:		Parent 2 Cell Phone :		
PARENT/GUARD	IAN:	E-MAIL:		
ADDRESS:		_ CITY:	STATE: ZIP:	
	: 🗆 5-6 YEAR 🗆 7-8 YEAR 🗆 9-10	O YEARS		GENDER:
<ul><li>Exter</li><li>Lunc</li></ul>	nded hours rate \$15 <b>7:30</b> am-8:30 h h not included but can be purch ap Shirts \$15 per. qty	nase with a meal plan for (one shirt included with 0% non-refundable registra RDER PAYABLE TO: <b>United</b>	r \$55 weekly\$12   campers enrolled 4-6 tion fee. Sports Youth League	per day sweeks )
Check for A	Additional Service:			
Day Option	(Choose any day) \$90.00	Number of Days		
• Wee	k 6 August 11 <sup>th</sup> Aug 15 Regular \$3	395.00		
• Wee	k 5 August 4 <sup>th</sup> -Aug 8 <sup>th</sup> Regular \$3	95.00		
• wee	k 4 July 28 <sup>th</sup> -Aug 1 <sup>st</sup> Regular \$395			
	k 3 July 21st - July 25th Regular \$\$3			
• Wee		95.00		
<ul><li>Wee</li><li>Wee</li></ul>	k 1 July 7 <sup>th</sup> -July 11 Regular \$395.C k 2 July 14 <sup>th</sup> -July 18 <sup>th</sup> Regular \$\$3'			

# PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT \*\*\*READ BEFORE SIGNING\*\*\*

Acknowledgment of Risk and Assumption of Responsibility:

I, the undersigned, understand and acknowledge that participation in the USL Summer Camp Academy and United Sports Youth League my activities, including but not limited to sports, physical exercises, recreational games, and other related events, involves inherent risks, including the risk of injury, illness, or other accidents.

I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury that may be sustained by my child as a result of participating in these activities.

#### **Medical Authorization:**

In the event of an emergency, I authorize the staff of USL Summer Camp Academy and Gateway Academy to obtain medical treatment for my child. I understand that I am responsible for any medical expenses incurred as a result of illness or injury during camp activities.

#### Release and Waiver of Liability:

I, the undersigned, hereby release, waive, discharge, and covenant not to sue the United Sports Youth League, USL Summer Camp Academy, Gateway Church, Gateway Academy, their directors, employees, volunteers, and agents from any and all liability, claims, demands, actions, or causes of action related to any loss, damage, injury, or death that may be sustained by my child while participating in camp activities.

#### Indemnification:

I agree to indemnify and hold harmless the United Sports Youth League, USL Summer Camp Academy, Gateway Church, Gateway Academy, and all affiliated entities from any loss, liability, damage, or costs incurred due to my child's participation in camp activities.

#### **Acknowledgment and Agreement:**

,	r understand the terms and conditions of t gree to its terms and conditions and sign i	
Photo Agreement:		
USL Summer Camp /United Sports You child for promotional video yes	th League may use a picture, images, or No	promo video of your
Contact Information: USL Summer Camp Academy Uslsummercamp@gmail.com		
Parent Print	Signature	. Date