

CANFIELD SPORTS CAMPS

SOCCKER**BASKETBALL*****FLAG FOOTBALL***

**Please circle each sport that your child will participate in this summer.
(Please circle all that apply)**

SOCCKER	June 17, 19, 21, 24 & 26
BASKETBALL	July 8, 10, 12, 15 & 17
FLAG FOOTBALL	July 22, 24, 26, 29 & 31

Child's Name: _____

Age _____ **Grade Completed** _____ **Boy** _____ **Girl** _____

Address _____

Home Phone # _____ **Cell Phone** _____

e.mail address: _____

Person to notify if parent/guardian is unavailable:

Name	Phone
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Doctor's Name and Phone #: _____

Known Allergies of child _____

RELEASE

I, as parent/guardian of the registrant, a minor, recognize the possibility of physical injury associated with baseball, football & basketball and in consideration for accepting the registrant for these camps, I hereby release, discharge, and/or otherwise indemnify, Canfield School District, the camp staff, Dynamic Health Corporation and volunteers of this camp including the owners of the fields and facilities utilized for this program, against any claim by or on behalf of the registrant as a result of the registrants participation in this program.

Signature of Parent/Guardian	Date
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Shirt Size: **YS** **YM** **YL** **AS** **AM** **AL**
(Please Circle One Size)

Price: \$90.00 per child per camp. Make checks payable to: SPORTS CAMPS and mail it to David M. O'Hara, 6930 Lockwood Blvd. Boardman, Ohio 44512 if you are not registering in person.