



CRESCENT VALLEY SUMMER SPORTS CAMPS REGISTRATION 2016

NAME _____ PARENT PHONE: _____

ADDRESS: _____

PARENT EMAIL ADDRESS: _____

SCHOOL NEXT YEAR: _____ GRADE NEXT YEAR: _____

CAMP TO ATTEND: _____ ADULT SHIRT SIZE: _____

PARENT OR GUARDIAN CONSENT

I am NOT aware of any health problems that will affect my child's ability to participate in the camp. I understand that the camp does **NOT** provide accident insurance and that I am responsible for my child's participation in the camp. I agree to hold Corvallis School District, its official, agents and employees harmless against any claim for injury or damage except in those cases where the acts of Corvallis School District, its officials, agents, and employees have been determined to be negligent by a court of competent jurisdiction. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the coach to hospitalize and secure proper treatment for my child.

DATE

(PARENT OR GUARDIAN SIGNATURE)

**Send registration and check to:
REGISTRATION/PAYMENT DUE
JUNE 17th
Additional \$5 for walk-up/
Day-of registration**

SUMMER SPORTS CAMPS
Crescent Valley High School
4444 NW Highland
Corvallis, OR 97330

Make all checks payable to: **Crescent Valley High School**

June 20-23	(Mon-Thurs)	_____ BASEBALL	9:00 _{am} - 11:00 _{am}	Ages 5-14	\$75 <small>Cost includes T-Shirt and Drinks</small>
August 8-11	(Mon-Thurs)	_____ VOLLEYBALL	3:00 _{pm} - 4:45 _{pm}	Incoming 6 th - 8 th	\$65
		_____ VOLLEYBALL	5:00 _{pm} - 7:00 _{pm}	Incoming 9 th - 12 th	\$65
August 8-11	(Mon-Thurs)	_____ BOYS SOCCER (conditioning camp)	5:00 _{pm} - 6:30 _{pm}	Incoming 9 th - 12 th	\$65
August 8-11	(Mon-Thurs)	_____ GIRLS SOCCER (conditioning camp)	5:00 _{pm} - 6:30 _{pm}	Incoming 9 th - 12 th	\$65

CAMP PAYMENT REQUIRED PRIOR TO PARTICIPATION for the above fee.
Additional \$5 for walk-up/Day-of registration

Any questions, call: 541-757-5809 (Athletic Office is closed for the Summer June 24th-Aug 5th, 2016)