

Football Summer Camp June 14, 2019 6:00 pm - 10:00 pm Registration Form

FAMILY LAST NAME*

ADDRESS*

To receive discount, all students must live at same address

CITY*

State*

ZIP*

HOME PHONE*

PARENT CELL#*

FAMILY EMAIL ADDRESS*

PARENTAL CONSENT

To the best of my knowledge, the child(ren) listed below are able to participate in the Covington Catholic High School Summer Football Camp. I waive the right to legal action against and do not hold liable CCH, the Diocese of Covington, and all members of the camp staff. All campers are encouraged to carry their own health insurance. In the event of an injury, I grant my permission to the camp staff to administer necessary first aid to my child(ren).

Parent Authorization*

By listing your name in this block, you are giving consent.

Date*

Should an injury occur, every effort will be made to contact the parents. However if a parent cannot be reached at one of the above numbers, please supply an alternate emergency contact:

Emergency Contact

Name:*

Phone Number*

PERMISSION TO BE ADDED TO THE CCH MAILING LIST*

"I would like to receive emails and mailings regarding upcoming events or other information about Covington Catholic High School."

Yes No

HOW MANY STUDENTS ARE YOU REGISTERING?*

A 3% credit card processing fee will be added to your total.

1 - \$50 2 - \$100.00 3 - \$150.00 4 - \$200.00

CAMPER #1

LAST NAME*

FIRST NAME*

GRADE SCHOOL*

Grade This Fall*

Date of Birth* (mm/dd/yyyy)

SHIRT SIZE*

choose only one

- YM
- YL
- AS
- AM
- AL
- AXL

Gender*

- Boy
- Girl

Camper #1 - Please list any known allergies your child has:

CAMPER #2

LAST NAME

FIRST NAME

GRADE SCHOOL

GRADE THIS FALL

Date of Birth (mm/dd/yyyy)

SHIRT SIZE

choose only one

- YM
- YL
- AS
- AM
- AL
- AXL

Gender

- Boy
- Girl

Camper #2 - Please list any known allergies your child has:

CAMPER # 3

LAST NAME

FIRST NAME

GRADE SCHOOL

Grade This Fall

Date of Birth (mm/dd/yyyy)

SHIRT SIZE

- YM YL AS AM
- AL AXL

Gender

- Boy
- Girl

Camper #3 - Please list any known allergies your child has:

ADDITIONAL COMMENTS:

HOW DID YOU LEARN ABOUT THIS CAMP?

- Previously attended a CCH Camp Color Brochure Friend Referred Grade School Referred
- Coach Referred Facebook Posting

PHOTO RELEASE*

I/We do hereby give and grant to Covington Catholic High School permission to use my child's name, photograph, student work and/or videotaped image in school publications, school video productions, and/or school internet website. I understand that Covington Catholic will post the images without further notice.

- Yes No

TOTAL AMOUNT TO BE CHARGED TO YOUR CREDIT CARD*

A 3% credit card processing fee will be added to your total.

Check or Cash only!

Please send a confirmation email to the address below*:

lgovan@covcath.org

Submit