

# Soccer Summer Camp June 10-13, 2019 8:00 AM - 11:00 AM Registration Form

**Families with multiple siblings attending Soccer camp are entitled to a discount after the first child pays full price. This form will allow you to register for multiple campers.**

## 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 Soccer 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\*

## Date\*

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

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?\*

First Student is \$120, each additional is \$105. ~~A 3% credit card processing fee will be added to your total.~~

1 - \$120  2 - \$225  3 - \$330  4 - \$435

(2nd, 3rd or 4th Camper must be sibling to 1st)

**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

SOCCER BALL SIZE\*

- 3
- 4
- 5

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

SOCCER BALL SIZE

- 3
- 4
- 5

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

SOCCER BALL SIZE

- 3  4
- 5

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