

**MAGNOLIA ISD ATHLETIC SUMMER CAMP INFORMATION**

**Child**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_  
School Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

**Camp Information**

**School Name** \_\_\_\_\_

**Sport** (Circle One) Football SAC Volleyball Baseball Softball Soccer BBSKTBL GBSKTBL

**2019/2020 Grade** \_\_\_\_\_

**Parent/Guardian - Contact Information**

*Parent/Guardian #1*

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

*Emergency Contact #1*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to Child \_\_\_\_\_

Please list any additional people who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Medical Waiver**

I, the parent/guardian of the registered minor, hereby grant permission for him/her to participate in any of the summer athletic camps, and further acknowledge that he/she is physically capable of participating in all strenuous activities. I understand by signing that I bear the financial obligations for all injuries and ailments that might occur during these activities. We, the undersigned, hereby release the Magnolia Independent School District, its employees, and all camp personnel from all claims.

Parent's/Guardian's Signature \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_