## 2015 Blackhawk Summer Camp/Emergency Information & Summer Camp Wavier

## NO REFUNDS FOR THE 2015 BLACKHAWK SUMMER CAMPS

**Size of T-Shirt:** Youth Small, Youth Medium, Youth Large,
Adult Small, Adult Medium, Adult Large, Adult X-Large, Adult XX Large

| Name(s) | Camp(s) | Grade | Size of T-Shirt | Amount |
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**Total Amount enclosed** _____

**Make checks payable to: Cheney High School**

**Mail to:** Cheney High School Summer Camps
460 N. 6th
Cheney, WA 99004

**Questions:** Call the specific camp director or call Cheney High School 559-4000

## 2015 Cheney High School Summer Camp Emergency Information and Summer Camp Waiver

CHILD'S NAME_____

ADDRESS_____

TELEPHONE NUMBER WHERE EACH PARENT OR GUARDIAN CAN BE CONTACTED

FATHER (NAME)_____PHONE NUMBER (CELL)_____(HM)_____ (WK)_____

MOTHER (NAME)_____PHONE NUMBER (CELL)_____(HM)_____(WK)_____

EMERGENCY CONTACT PERSON (NAME)_____PHONE NUMBER_____(HM)-(CELL)_____

(WK)_____

Family Physician Name_____ Office Phone Number_____

Insurance Carrier_____ Policy Number#_____ Group Number#_____

ANY KNOWN ALLERGIES (PLEASE LIST)_____

ANY PREVIOUS INJURIES NEEDING MEDICAL ATTENTION (PLEASE LIST)_____

In the event of a serious injury, if your family physician is not available or cannot be located does the summer camp staff have your permission to seek the nearest medical attention? YES _____ NO____. IF YOUR ANSWER IS "No", what procedure(s) do you wish the summer camp staff to follow?

**Release of Liability:**

I release Cheney School District, the Cheney High School Summer Sports Camp Coaches, any subdivision or unit of Cheney School District, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses, that I (or my child) may sustain as a result of my (or my child's) participation in any Cheney High School Summer Sports Camp.

I have carefully read this document, understand its contents, and am fully informed about this event and circumstances and am satisfied that I (or my child) can safely participate in this event. I am aware that this document is a contract with Cheney School District. I certify, by my signature below, that I am this child's parent or legal guardian. I sign this document freely and voluntarily.

_____ _____

Parent or Guardian Signature Date