

2010 HIGHLAND COUGAR SUMMER CAMP APPLICATION FORM

Name	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Birthdate	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
Day Phone	<input type="text"/>	Grade Entering	<input type="text"/>	School	<input type="text"/>
Emergency Contact Person <input type="text"/>					
Special Concerns (Medical, etc.) <input type="text"/>					
T-Shirts: Check one <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL					

CAMP	AGE GROUP	DATE	TIME	FEE	REGISTER
Basketball	K-4 th Grade Coed	June 7-10	9:00-11:00 am	\$50	<input type="checkbox"/>
	5 th -8 th Grade Boys	June 14-17	9:00-Noon	\$65	<input type="checkbox"/>
	5 th -8 th Grade Girls	June 14-17	1:00-4:00 pm	\$65	<input type="checkbox"/>
	9 th -10 th Grade Girls	June 21-24	9:00-Noon	\$65	<input type="checkbox"/>
	9 th -10 th Grade Boys	June 21-24	1:00-4:00 pm	\$65	<input type="checkbox"/>
Volleyball	5 th -6 th Grade Girls	July 19-22	1:00-3:00 pm	\$50	<input type="checkbox"/>
	5 th -6 th Grade Girls	July 26-29	9:00-11:00 am	\$50	<input type="checkbox"/>
	7 th -8 th Grade Girls	July 12-15	1:00-4:00 pm	\$65	<input type="checkbox"/>
	7 th -8 th Grade Girls	July 19-22	9:00-Noon	\$65	<input type="checkbox"/>
	9 th -10 th Grade Girls	July 12-15	9:00-Noon	\$65	<input type="checkbox"/>
	11 th -12 th Grade Girls	June 28-July 1	9:00-Noon	\$65	<input type="checkbox"/>
Baseball	3 rd -6 th Grade Boys	July 5-8	10:00-Noon	\$50	<input type="checkbox"/>
	7 th -9 th Grade Boys	July 5-8	1:00-3:00 pm	\$50	<input type="checkbox"/>
Softball	3 rd -4 th Grade Girls	June 14-17	9:00-11:00 am	\$50	<input type="checkbox"/>
	5 th -6 th Grade Girls	June 14-17	9:00-11:00 am	\$50	<input type="checkbox"/>
	7 th -8 th Grade Girls	June 21-24	9:00-Noon	\$65	<input type="checkbox"/>

PARENT RELEASE AND INDEMNITY AGREEMENT

I hereby request that you enroll my child	<input type="text"/>
in the 2010 Highland Community College Sports Camps. I hereby release the HCC Board of Trustees and its employees of all claims on account of any injuries that may be sustained by my child while attending the 2010 Sports Camps. Additionally, I agree to indemnify the HCC Board of Trustees and its employees for any claim that may hereafter be presented by my child as a result of such injuries.	

Parent/Guardian	<input type="text"/>	Date	<input type="text"/>
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Please complete, print, and mail form and check (payable to HCC Athletics) to:

**Highland Community College, Attn: Pete Norman
2998 West Pearl City Road, Freeport, IL 61032**

Questions: Call Pete at (815) 599-3465 or e-mail pete.norman@highland.edu