

# Sports Camp 2K13

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade (2013): \_\_\_\_\_

School Name \_\_\_\_\_ GPA \_\_\_\_\_

If I am selected to participate in the Central Missouri Youth Development “**Sports Camp 2013**”, I agree to:

- Participate in this Retreat for its duration (NO PARTIAL DAYS)
- Comply with club guidelines
- Not smoke, drink, or use any illegal drugs
- Share with others in my school and community, as best I can, the knowledge and skills I gain through the activities learned

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Which sport will you be participating in? Please check one:

Baseball \_\_\_ Golf \_\_\_ Soccer \_\_\_

## PART II – PARENT/GUARDIAN

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Does your son/daughter have any drug or food allergies? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain:

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I have examined the program description and philosophy described in the CENTRAL MISSOURI YOUTH DEVELOPMENT “**Sports Camp 2013 Letter**”. I agree to allow my son/daughter \_\_\_\_\_ to attend. I further agree to be supportive of his/her efforts to implement “Success Plans” related to youth leadership.

**In order for your child to participate in LUCE Sports Camp 2013 Program, the following RELEASE must be signed by a Parent or Legal Guardian:** I/We give permission to CENTRAL MISSOURI YOUTH DEVELOPMENT “Sports Camp 2013” and its representatives to secure care and/or treatment for or behalf of my child, including but not limited to: emergency care and procedures, hospitalization, medications, X-rays, diagnostic test, laboratory, other health or medical test, surgeries, invasive procedures, anesthesia, injections, and the administration of other generally accepted medical, dental, and health care procedures. I/We fully indemnify and completely hold harmless LUCE CENTRAL MISSOURI YOUTH DEVELOPMENT “Sports Camp 2013” and its representatives from liability from any injuries, death, and /or medical, dental and/or health, treatment, care, and procedures selected and/or administered.

I give permission for Lincoln University Cooperative Extension to use any photos of my son/daughter participating in this retreat for recruiting/printing/publicity purposes.

The signature of one Parent or Guardian shall bind the other(s).

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_