

# 2009 McKenzie Valley Team Camp Registration Form

Please fill out both halves of this form.

One half is for the camp directors and coaches, the other is for Willamalane Park and Recreation District.

\$50 payable to: **Willamalane (Or your high school if your coach is going to pay with one check.)**

School: \_\_\_\_\_

Player Name (please PRINT)

Parents Signature if under 18

Address

City

State

Zip

Age

Day Phone

Cell Phone

Insurance Provider

Policy #



## Willamalane Registration Form



Form of Payment	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card		
VISA or MasterCard #	_____				Exp. _____
PHOTOGRAPHY NOTICE: Willamalane may photograph participants engaged in District activities and use these photographs in District publicity without release or compensation. These photographs will not be used for commercial or non-District related publicity.					

Location/School Site THURSTON HIGH SCHOOL Date(s) 7/27 - 7/29 Starts \_\_\_\_\_ Ends \_\_\_\_\_ Day(s) Mon. - Wed. Time 8:00 AM - 8:00 PM

**McKENZIE VALLEY TEAM FOOTBALL CAMP**

Participant Name \_\_\_\_\_ Age (if under 18) \_\_\_\_\_ DOB \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Nighttime Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Dr. Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Medical Information (Allergies, asthma, etc.) \_\_\_\_\_

If you need disability accommodations, please let us know when you register.

The undersigned releases Willamalane Park and Recreation District from all liability which may arise from participation of the undersigned in said program. In the event the participant is under the age of 16, the undersigned agrees to hold the District harmless from any liability it may suffer through the participation of the child in said program. The undersigned hereby requests and permits any hospital emergency department physician, any other physician he or she may wish to designate, and any hospital personnel to render the above named applicant any medical and/or surgical treatment he/she may require in my absence.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian must sign if Participant under 18)