



# TRINITY SPORTS CAMPS YOUTH SUMMER CAMP REGISTRATION FORM 2012



*Check this Box if you would like to receive the Trinity Sports Newsletter with the most up to date info on upcoming events and registration information. (Your email will not be given out to anyone other than Trinity)*

## **CAMPER INFO**

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_ T-SHIRT SIZE (Adult sizes) S / M / L / XL / XXL

## **EMERGENCY CONTACT**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ALTERNATE PHONE NUMBER (\_\_\_\_) \_\_\_\_ - \_\_\_\_

## **MAIL PAYMENTS AND COMPLETED FORMS TO:**

TRINITY SPORTS CAMPS 8385 SW FANNO CREEK DR TIGARD OR 97224

## **Medical Information**

Injuries: \_\_\_\_\_

Allergies: \_\_\_\_\_

Does Athlete Have their own Inhaler? Y N

Other Medical Concerns: \_\_\_\_\_





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## IMAGE RELEASE

Please sign an image release ONLY IF you would like to have your picture or possibly video on the website. We currently have a section on [www.trinitysportscamps.com](http://www.trinitysportscamps.com) that has photos of the campers. This information will be kept private and if you would rather not have your child's image on the internet site please sign below in the appropriate box. Thank you for the opportunity to work with your athletes, they are proving to be the hardest working camp we have had.

I give Trinity Sports Camps my full permission to use pictures and/or videos of

\_\_\_\_\_ from Trinity Sports Soccer Camp on their website [www.trinitysportscamps.com](http://www.trinitysportscamps.com).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I DO NOT give Trinity Sports Camps my full permission to use pictures and/or videos of

\_\_\_\_\_ from Trinity Sports Soccer Camp in any way.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# TRINITY SPORTS CAMPS YOUTH SUMMER CAMP REGISTRATION FORM 2012

## **Passenger Agreement Permission to Travel with non Family Members**

By signing this form I understand that I am allowing a non family member to transport my son or daughter to CAMP Locations, with staff or fellow qualified campers of Trinity Sports Summer Camp and Trinity Sports Camps LLC.

I also understand that by signing this form I agree to hold harmless Trinity Sports Camps and its affiliates, its staff, and other volunteers from responsibility regarding any accident or injury incurred while my son or daughter is being transported by them.

Athlete Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_