

2017 Hanover Central Summer Athletic Camps

Please circle the camp or camps you will be purchasing. If you are purchasing more than one camp, please make the check out for the entire amount to: **Hanover Central Athletics.**

Soccer Camp—Hanover Central High School—\$40

Grades 1-8 Camp: June 6-8, 2017 9:00 am - 10:30 am

Girls Basketball Camp—Hanover Central High School—\$40

Grades 1-8 Camp: June 12-14, 2017 3:00 pm - 4:30 pm

Boys Basketball Camp—Hanover Central High School—\$40

Grades 1-8 Camp: June 12-14, 2017 9:30 am - 11:00 am

Volleyball Camp—Hanover Central High School—\$40

Grades 1-5 Camp: June 19-21, 2017 10:30 am - 12:00 pm

Grades 6-8 Camp: June 19-21, 2017 9:00 am - 10:30 am

Football Camp—Hanover Central High School—\$40

Grades 1-6 Camp: June 12-15, 2017 5:00 pm - 7:00 pm

Tennis Camp—Hanover Central High School—\$40

Grades 1-5 Camp: June 26-28, 2017 10:30 am - 12:00 pm

Grades 6-8 Camp: June 26-28, 2017 9:00 am - 10:30 am

Participant's Name _____ 17-18 Grade _____ Camp _____

Participant's Name _____ 17-18 Grade _____ Camp _____

Participant's Name _____ 17-18 Grade _____ Camp _____

T-Shirt size or sizes (please circle): YS YM YL AS AM AL AXL AXXL

Parent's Name _____ Phone _____

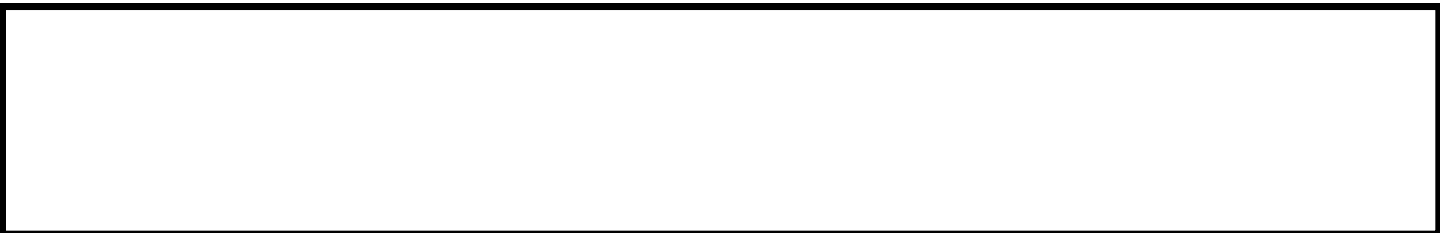
Address _____

Email Address _____ Emergency Contact _____

Event Waiver:

I hereby authorize the staff of Hanover Community School Corporation to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injury or illness incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program, as outlined above.

Parent Signature _____ Date _____



EMERGENCY MEDICAL INFORMATION

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Emergency Contact: _____

Phone #: _____

Physician: _____

Physicians Phone: _____

Contact Lens: Yes / No Blood Type: _____

I hereby give permission for the above named student to receive emergency medical treatment.

Parent/Guardian Signature _____ Date _____

Medical Conditions - Allergies - Medications

Medical Conditions:

Dangerous Allergies:

Medications:
