

**Summer 2009 SAC Camp Registration Form**

Check No. \_\_\_\_\_

SAC Registration:

Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_

Receipt No. \_\_\_\_\_

Gap Program: \_\_\_\_\_ Session1: \_\_\_\_\_ Session2: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #. Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent's Wk: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Is the athlete allergic to any medication(s)? \_\_\_\_\_ If yes, list medication(s):

\_\_\_\_\_

Medical History: List Month/Year for Surgeries, Fractures, or other Chronic Problems:

\_\_\_\_\_

Date of Physical: \_\_\_\_\_

Parental Consent: I certify that my child has no medical illness or injury that would limit his participation in this camp. I authorize the director of the camp to act for me in any emergency requiring medical attention. I hereby release, exonerate, and discharge the camp and their employees from any or all actions, known or unknown, from any injuries incurred in the camp or on the way to the camp. I give my child permission to attend the Cypress Creek Strength and Conditioning Camp.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

<b>Week:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
MON	8-Jun	15-Jun	22-Jun	29-Jun	6-Jul	13-Jul
TUES	9-Jun	16-Jun	23-Jun	30-Jun	7-Jul	14-Jul
WED	10-Jun	17-Jun	24-Jun	1-Jul	8-Jul	15-Jul
THU	11-Jun	18-Jun	25-Jun	2-Jul	9-Jul	16-Jul