## QUEEN OF PEACE HIGH SCHOOL FREE SUMMER CLINIC

## Registration Form - Registration Deadline June 30, 2015

- Enrollment and Permission Form: This form must be completed for each participant and returned by the registration deadline date of June 30th.
- Registration Options: Registration is limited. To register, you must complete this
  form and mail it to the address below, fax it to (708) 458-5734, send a copy via e-mail
  to ruizm@queenofpeacehs.org, or bring your forms to Queen of Peace High School. \*If
  you do not receive an e-mail confirmation of registration, then your daughter is NOT
  registered. Contact the office at (708) 458-7600. Additional registration forms may be
  downloaded at www.queenofpeacehs.org.

Participants Name	(Please Print				t) Age							
Address												
City	State				Zip							
Day Phone				*Par	en	t E-ma	ail fo	r regi	strati	on confi	rmation	
Grade as of Fall 2015				Grammar School								
Circle T-Shirt Size:	Youth:	M	L	Adul	t:	XS	S	M	L	XL		

<u>Please note</u> that your daughter should be dropped off at the north gym doors in the back parking lot.

Please **bring a water bottle** and wear comfortable clothing and gym shoes each day. If your daughter will be absent, call (708) 458-7600.

## **Permission Form**

I/We the parent(s)/guardian(s) of

request that the school allow my/our daughter to participate in the Free Summer Clinic program. In consideration for Queen of Peace allowing my/our daughter to attend this clinic, I/we hereby agree to indemnify and hold Queen of Peace High School, its officers, directors, members and employees harmless against any and all claims for loss, liability, damage or injury, including attorney fees, arising out of, connected with, or resulting, in part or in whole, from my/our daughter's participation in this event. Additionally, I/we hereby assign all rights, privileges and materials for reproduction to Queen of Peace High School of any and all photo's/video's taken of my/our daughter by Queen of Peace or its recognized agents at camp.

## **READ AND AGREED TO:**

Parent/Guardian Signature	Date
Participant's Signature	Date
In case of emergency, notify	
Home Phone	Cell Phone
Please list any medical conditions or allergies	
Insurance Company	Policy Number

