

IWA SUMMER CAMP REGISTRATION FORM

___ Basketball Camp (IWA students entering grades 9-12) \$ 125.00

___ Cross Country Camp (IWA students entering grades 9-12) \$ 125.00

___ Volleyball Camp (IWA students entering grades 9-12) \$ 125.00

**Payment must accompany registration form. Participation will not be allowed without complete payment and parent/guardian consent form. Checks made payable to: Incarnate Word Academy*

Mail all forms to:

Incarnate Word Academy, Attn: Rick Perez, Athletic Director
609 Crawford Street Houston, TX 77002 (713-227-3637, ext. 129)

Name: _____ Grade (2012-2013): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Cell: _____ Email: _____

Amount Enclosed: _____ Payment Type (circle one): Cash / Check / Money Order

Emergency Information:

Parent/Guardian: _____ Emergency Phone: _____

Physician: _____ Physician Phone: _____

Insurance Co.: _____ Policy No.: _____

Preferred Hospital: _____

Parental Release:

By signing this form, I/we _____ certify that I/we request and give permission for _____ to participate in this summer camp at Incarnate Word Academy. I/we have given the instructions required above, and I/we release and save harmless the school and any and all of its employees from any and all liability for any and all harm arising to my/ our daughter as a result of this camp, and waive any claims against them.

I/we give permission for _____ to be transported by ambulance and/or to be treated in the event of a medical emergency.

****Please submit your daughter's 2011-2012 physical examination, consent, and medical history forms with your registration form. These are required for participation. Forms are available at IWA can be downloaded at www.incarnateword.org**

Parent/Guardian Signature

Date