

REGISTRATION FORM

PLEASE USE THIS REGISTRATION FORM FOR ALL MUHS SUMMER SPORT CAMPS

One form per athlete - Complete both sides of form

Student Name: _____

Address: _____

City: _____ Zip: _____

Phone : (____) _____ Emergency: (____) _____

School fall of 2022: _____

Grade fall of 2022: _____ Date of Birth: _____ Age: _____

Youth T-shirt size (circle one): S M L XL

Adult T-shirt size (circle one): S M L XL

Short size (Football - circle one): S M L XL

Parent / Guardian Name: _____

Home Phone: _____ Mobile: _____

Email: _____

Parent / Guardian Name: _____

Home Phone: _____ Mobile: _____

Email: _____

EACH ATHLETE MUST BE COVERED BY THEIR OWN PERSONAL HEALTH INSURANCE

Health Insurance Carrier: _____

Policy Number: _____

Please list any health concerns/allergies of which we should be aware:

FOOTBALL CAMP ONLY: Offense Position: _____

Defense Position: _____

Interested in information about 8th Grade Summer League? Yes / No

Camp	Session	Amount
Total Amount Due		\$

MAKE CHECKS PAYABLE AND MAIL BACK TO:

MARQUETTE UNIVERSITY HIGH SCHOOL
 ATTN: ATHLETICS DEPT.
 3401 W WISCONSIN AVE. MILWAUKEE, WI 53208

CAMP WAIVER AND RELEASE OF LIABILITY

By signing this, as the parent or legal guardian, I give permission for my son to participate in the camps offered by Marquette University High School and understand that some of these activities are designed to increase the workload on the musculoskeletal system and cardiovascular system and thereby improve the function. There exists the possibility of certain changes or risks occurring during any physical activity. They include muscle soreness, fatigue, abnormal blood pressure, fainting, irregular heart rhythm and in rare instances, heart attack, stroke or death. While these changes in addition to injury are rare, they are possible and cannot be predicted with complete accuracy. As the parent, it is my responsibility to provide any medical information which may affect my son's full participation in the camp and report any adverse reactions or injury resulting from participation. A physical completed in the last year does not provide any reason why my son should not participate in camp activities. If an emergency should occur, I give the camp staff permission to seek medical attention and provide care. I also understand that if behavior is inappropriate my son may be asked to sit out the session with continued misbehavior being just cause for termination of camp participation. I have read and understand the above and release the camp staff and Marquette University High School from any liability incurred through its camps.

 Signature of Parent/Guardian

 Date

MEDIA RELEASE

By signing this, as the parent or legal guardian, I give permission for my child to be included in photographs, videos or articles generated by Marquette University High School for official school use.

 Signature of Parent/Guardian

 Date

****COMPLETE BOTH SIDES OF FORM****