



Elementary PE Summer Camp Registration / Waiver Form

Student Name: _____ Entering Grade: _____

Parent Name: _____ Best Phone: _____

Email Address: _____

Alternate Emergency Contact: _____ Best Phone: _____

I, the undersigned give permission for my child to participate in Fellowship Academy PE Summer Camp. This authorization shall waive, release and resolve Fellowship Academy from any and all liability from injury and or illness incurred by the player, parent, sibling, or spectator. I give the staff permission to act on my behalf, according to their best judgment, in any emergency. I also certify that the above applicant has no physical problems or disabilities which would impede her from participating in Fellowship Academy Summer Camp.

PLEASE MAKE CHECKS PAYABLE TO JANEA HASSETT

I understand that the following fee is due in full by the due date listed:

- ELEMENTARY PE CAMP**
June 25 - 28
11:30 am – 2:00 pm
FA Gymnasium
Fee: \$100
Payment Due: Monday, June 18

**** SUMMER SPECIAL OFFER ****

**BRING A FRIEND
(WHO DOES NOT ATTEND FELLOWSHIP ACADEMY)**

COST ~ TWO FOR \$150

Signature of Parent/Guardian

Date

Coach's Use Only

Date: _____

Payment: Cash Check # _____

Total Amount Paid: _____