
Name: _____ Grade '09-'10 : _____

Camp: _____

Parent Name: _____

Phone: _____ Email: _____

TOTAL: \$ _____ CHECK# _____

Shirt Size: Youth L Youth XL (Adult) S M L XL
(Circle One)

Waiver Form: Must be complete

I _____ am the parent or legal guardian of _____
a minor who lives with me at _____
In _____ County, in the State of Indiana. I give my permission for
_____, Age _____ to participate in the Bishop Luers
_____ Camp as described above. I realize that there are certain
inherent risks involved with all athletic camps and I agree not to hold Bishop Luers High
School or any coach or staff members responsible for possible injury due to participation
in or attributed to participation in said camps. I give permission for Luers staff or coaches
to seek any medical attention necessary for my child in an emergency situation.

Parent Signature: _____

Date: _____