

**2018**  
**CALVARY SKILLS & DRILLS CAMP**  
**REGISTRATION FORM**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Shirt Size: YS YM YL S M L XL XXL (Please Circle one)

Participant's Allergies/Medical Conditions: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**WAIVER OF LIABILITY RELEASE FORM**

I am aware of the nature of this activity and I hereby assume responsibility for \_\_\_\_\_ (Participant's Name) to participate and to be photographed for publicity purposes. I will not hold CALVARY BAPTIST ACADEMY, NORTH LOUISIANA ELITE SKILLS TRAINING and/or its employees responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of Calvary Baptist Academy and North Louisiana Elite Skills Training prior to participation in this program.

Parent/Legal Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

