

**2018 HIGHLAND COUGAR SUMMER CAMP APPLICATION FORM
SPEND YOUR SUMMER WITH US!**

Name	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Birthdate	_____
Parent's Name	_____				
Address	_____	City	_____	State	_____
Day Phone	_____	Grade Entering	_____	School	_____
Emergency Contact/Phone	_____				
Special Concerns (Medical, etc.)	_____				
T-Shirts: Check one (Youth)	<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL (Adult)	<input type="checkbox"/> AS	<input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL

CAMP	AGE GROUP	DATE	TIME	FEE	REGISTER
Basketball	K-4 th Grade Coed	June 11-14	9:00-11:00 am	\$60	<input type="checkbox"/>
	5 th -8 th Grade Boys	June 18-21	9:00-11:00 am	\$60	<input type="checkbox"/>
	5 th -8 th Grade Girls	June 18-21	1:00-3:00 pm	\$60	<input type="checkbox"/>
Softball	3 rd -12 th Grade Girls	June 4-7	9:00-11:00 am	\$60	<input type="checkbox"/>

PARENT RELEASE AND INDEMNITY AGREEMENT

I hereby request that you enroll my child	_____
in the 2018 Highland Community College Sports Camps. I hereby release the HCC Board of Trustees and its employees of all claims on account of any injuries that may be sustained by my child while attending the 2018 Sports Camps. Additionally, I agree to indemnify the HCC Board of Trustees and its employees for any claim that may hereafter be presented by my child as a result of such injuries.	

Parent/Guardian	_____	Date	_____
-----------------	-------	------	-------

Checks Payable to: *HCC Athletics*

**Highland Community College, Attn: Pete Norman, Athletic Director
2998 West Pearl City Road, Freeport, IL 61032
Contact Pete Norman at pete.norman@highland.edu or (815) 599-3465**