



2019 SPORTS CAMPS



Child's Name: _____ Birthday: _____ Male Female

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell/Alt Phone: _____

Email Address: _____

Parent's/Legal Guardian's Name(s): _____

CAMP HOURS Dropoff: 7:30am – 9:00am | Class: 9:00am – 11:30am | Lunch/Pickup: 11:30am – 12:30pm

Cost: \$35 per child, per week – Due at registration, non-refundable.

Please mark your selections below.

- | | | | |
|---------------------------------|---------------------------|---------------------------------|--------------------------|
| <input type="checkbox"/> Week 1 | May 28 – 31 – Golf * | <input type="checkbox"/> Week 5 | July 8 – 12 – Cheer |
| <input type="checkbox"/> Week 2 | June 3 – 7 – Softball | <input type="checkbox"/> Week 6 | July 15 – 19 – Baseball |
| <input type="checkbox"/> Week 3 | June 10 – 14 – Football | <input type="checkbox"/> Week 7 | July 22 – 26 – Lacrosse |
| <input type="checkbox"/> Week 4 | June 17 – 21 – Basketball | <input type="checkbox"/> Week 8 | July 29 – Aug 2 – Soccer |

***PLEASE BRING YOUR OWN CLUBS IF PARTICIPATING IN GOLF**

Emergency Contact's Name: _____ Relationship: _____

Emergency Contact's Phone Number: _____ Alt Phone Number: _____

Please list any allergies, illnesses or medical conditions your child may have: _____

Is your child prescribed an inhaler? If yes, please explain any instructions: _____

PLEASE TURN OVER AND COMPLETE PAGE 2

INFORMED CONSENT AND ACKNOWLEDGEMENT

I hereby give my approval for my child's participation in any and all activities prepared by FireLake Arena during the selected camp dates and times. In exchange for the acceptance of said child's candidacy by FireLake Arena, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless FireLake Arena and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against FireLake Arena including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including basketball. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

MEDICAL RELEASE AND AUTHORIZATION

As Parent and/or Guardian of the child named on this form, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the child named on this form. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to FireLake Arena and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered season.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Parent or Legal Guardian Signature _____ Date _____

To complete registration, please return this completed registration form and the registration fees associated for each camp selected on page one to:

FireLake Arena
c/o Darin Greene - FireLake Arena Sports Coordinator
18145 Old Rangeline Road, Shawnee, OK 74801
(405) 273-1637