



FOUNTAIN-FORT CARSON HIGH SCHOOL ATHLETICS SUMMER SPORTS CAMP REGISTRATION FORM

Instructions: Check the box of the sports camp(s) attending, write in shirt size (ie, YS=youth small or AS=adult small), and complete registration information below:

Sports Camp	✓	Grade	Dates	Time	Cost	Shirt Size (Write In)
Wrestling		K-8 th	5/28, 5/29, 5/30	8 am-11 am	\$40	
Girls Basketball		PK-8 th	5/28, 5/29, 5/30	9 am-12 pm	\$40	
Boys/Girls Tennis		3 rd -8 th	5/29, 5/30, 5/31	8 am-9 am	\$20	
Boys Basketball		3 rd -7 th	6/3, 6/4, 6/5	8 am-12 pm	\$40	
Baseball		3 rd -8 th	6/10, 6/11, 6/12	9 am-12 am	\$40	
Boys/Girls Volleyball		3 rd -8 th	6/17, 6/18, 6/19, 6/20	9 am-11 pm	\$40	
Marching Band		7 th -8 th	7/1, 7/2, 7/3	9 am-12 pm	\$30	
Cross Country/Track		6 th -8 th	7/9, 7/10	2:30 pm-4:30 pm	\$25	
Boys/Girls Soccer		3 rd -8 th	7/9, 7/10, 7/11, 7/12	9:00 am-10:30 am	\$35	
Cheerleading		K-8 th	7/17, 7/18, 7/19	9 am-12 pm	\$40	
Softball		PK-8 th	7/22, 7/23, 7/24	9 am-12 pm	\$40	
Football		2 nd -8 th	7/22, 7/23, 7/24	5:30 pm-8 pm	\$40	
Step and Dance		7 th -8 th	7/29, 7/30, 7/31	9 am-11 am	\$40	
Boys/Girls Swimming		6 th -8 th	7/30, 7/31, 8/1	7 am-9 am	\$30	

TOTAL DUE FOR CAMP(S): \$ _____

TRANSPORTATION TO FFCHS: For Fort Carson residents only, a school district bus will pick-up campers at the Youth Services Center on Fort Carson one hour prior to the registered camp start time at Fountain-Fort Carson High School.

Check if you NEED Transportation from Fort Carson to Fountain-Ft. Carson High School

TO REGISTER: Please check the camp(s) above and complete the registration form below and return to Fountain-Fort Carson High School before the camp start dates with the required payment. Registration and payment will be accepted at the camp location, if registration is not completed in advance. **Please complete one registration form for each participant.** You may also mail the form and check payable to:

Fountain-Fort Carson High School
Attn: Terryann Allison, Athletic Secretary
900 Jimmy Camp Road
Fountain, CO 80817

If you have any questions please feel free to contact Terryann Allison at tallison@ffc8.org

FFCHS Clinic Medical and Liability Release: _____ (participant name) elects to take part in this athletic camp, which is sponsored by the FFCHS athletic department. I/We understand that our son/daughter is required to be in good physical shape and condition and that the activities, which he/she will be asked and expected to participate in, are strenuous and require physical and athletic agility. I/We understand that this sport is an activity in which the risk of injury is possible. I/We have also discussed this with our child and among ourselves. Despite this understanding of the possibility of serious injury and the risks involved, we still consent to the participation in this activity by our son/daughter. I/We represent to that, to the best of our knowledge and belief, our son/daughter has no physical, medical, or mental disability or other limitation that would restrict his/her ability to fully participate in this activity. **I/We agree to, and by the signing of the agreement, release the coaches, volunteers, and staff of Fountain-Fort Carson High School, and the Board of Education from any claim of negligence by ourselves, our son/daughter, our heirs, executors and assigns, from any liability arising from claims for damages for injury to our son/daughter and any claims for loss or damage to his/her property which may arise out of his/her participation in this Fountain-Ft. Carson High School athletic youth camp.** I/We further acknowledge that the above individual is covered by health insurance the particulars of which are described below. I hereby agree that we are responsible for any required medical treatment, and give permission for my child to receive medical treatment in the event that I am unable to be contacted. In order that participant may receive necessary treatments, I hereby hold Fountain-Ft. Carson High School, its athletes and coaches harmless in the exercise of this authority.

Name of Participant: _____ D.O.B. _____ Grade: _____

Address: _____

Parent Name: _____ Phone: _____ Email: _____

Emergency Contact Name and Phone: _____

State any pre-existing conditions, allergies, medications, etc.: _____

Parent/Guardian Signature: _____ Date: _____

Office Use Only.
 Date Registration Received: _____ Date Payment Received: _____ Amount Received: _____ Received By: _____