



# Kicks With Krech

## 2016 Summer Day Camp

July 25 – 29, 2016

Player's Name: \_\_\_\_\_ Grade: \_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_

Parent/Guardian: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Player Medical Conditions: \_\_\_\_\_

Team/Group: \_\_\_\_\_

T---Shirt Size: \_\_\_\_\_ (unisex size)

I hereby authorize the Kicks With Krech Staff to act for me in their best judgment in any emergency requiring medical attention and I hereby waive and release them from any and all liability for injuries or illness incurred while at the camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program. I understand that I am required to attain and carry accident medical insurance coverage for the child listed on this application and I verify that the coverage information attached herewith is accurate and true. I understand the camp is not responsible for lost or stolen articles. I also understand, agree, and consent that Kicks With Krech may use such pictures/videos/testimonials of Program participants, including my child, for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

\*If paying by check, make out to Kicks With Krech, and send registration form and check to Kicks With Krech at 44945 Voyage Path #107, California, MD 20619

