

TDC SPORTS CAMP REGISTRATION FORM:

SPORT CAMP NAME: SUMMER 'KICK OFF' CAMP 2018

DATE(S) ATTENDING: CHECK BOX FOR EA. SESSION:

3-Saturdays: June 9; 16; 23 – 8:30am-11:30 am \$90.00

June 11-15th (M-Fri.) 8:30am-11:30 am \$75.00

Location: HCHS turf field, 23370 SW Boones Ferry Rd., Tualatin OR 97062

FAMILY Information: Pls. complete, sign, and mail payment below or pay online: www.the-tdc.com/events. Thank you!

Contact: TDC Camp Director: 503-816-4220 if any questions.

Student Name: _____ **Parent(s):** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **M:** **F:** **Grade:** _____ **T-shirt size:** _____

Emergency Contact: _____ **Phone:** _____

Parent /Guardian Information

1st Name: _____ **email:** _____
Cell ph: _____ **work ph:** _____

2nd Name: _____ **email:** _____
Cell ph: _____ **work ph:** _____

Waiver *MUST BE SIGNED & returned with payment!

I hereby authorize my child's participation in TheTotal Development Center Sports Camp. I know of no mental or physical problems which may affect my child's ability to safely participate in this camp. If I can not be reached in an emergency, I authorize all medical, surgical, dental and hospital procedures as may be prescribed by a duly licensed physician or other health care professional for my child. I further consent that any senior member of the camp staff may authorize medical transportation (by ambulance or otherwise) to any hospital in the event of any medical illness or injury. This care may be given under whatever conditions are necessary to preserve the well being of my child. I also understand that I will be fully and exclusively responsible for any medical and related expenses incurred due to any injury or illness my child suffers at camp and waive any and all claims against The Total Development Center, its officers and directors, camp directors, staff, employees or agents relating in any way to any injuries, illness or expense incurred by my child at camp.

Please sign & mail to : TDC - P.O. BOX 1811, WILSONVILLE, OR 97070

Signature: _____ **Date:** _____