



# North Force Sports Camp Registration



Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Circle Shirt Size: **CHILD:** SM MED L XL *OR* **ADULT:** SM MED L XL

### Health Information:

Please list any allergies, illnesses or conditions that may create problems while at camp.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications that will be taken at camp with dosage and time.

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

### Emergency Contact Information:

**Contact #1:** Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Contact #2:** Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Cost/Payment:

Cost is \$150.00 for the first camper and \$75.00 for each additional camper from the same household.

Make checks payable to: **NPESC** and mail to: NPESC Camp 1210 E. Bogart Rd, Sandusky OH 44870  
or pay online at [npesc.org](http://npesc.org)

### WAIVER:

I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance NPESC, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks.

Student Consent to waiver: \_\_\_\_\_

I give consent for my child to participate in the above activities, and I execute the above liability release on their behalf. (Student is under 18 or parent is legal guardian):

Parental/Guardian Consent \_\_\_\_\_