



North Force Sports Camp Registration & Waiver



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: _____

Did your son/daughter have a 1:1 aide at school Yes No

To ensure that the needs of your child are met while at camp, do you give permission for your home school district to share your camper's IEP with North Point ESC?

Yes, _____ school district has my permission to share my child's IEP with NPESC

No, NPESC may not obtain a copy of my child's IEP

Cost/Payment:

Cost is \$100 for the 2-week session. Make checks payable to: NPESC/ Mail to: NPESC Camp 4918 Milan Road, Sandusky OH 44870 or pay online at 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.

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 _____ Date _____