

2024 YOUTH CROSS COUNTRY SUMMER CAMP
REGISTRATION FORM
GRADES 3-5

APPLICANT FIRST & LAST NAME: _____

ENTERING GRADE LEVEL: _____ PARENT NAME: _____

PARENT PHONE NUMBER: _____

RELEASE AND INDEMNIFICATION BY PARENT OR GUARDIAN OF APPLICANT THE UNDERSIGNED PARENTS OR GUARDIANS OF _____, THE APPLICANT, FOR AND IN FURTHER CONSIDERATION OF THE SUMMER CROSS COUNTRY CAMP ACCEPTING SAID APPLICANT, DOES HEREBY RELEASE AND DISCHARGE FULTON PUBLIC SCHOOLS FROM ANY AND ALL DEBTS, CLAIMS, DEMANDS, ACTIONS, DAMAGES, CAUSES OF ACTION, JUDGMENTS, OR SUIT BY OR ON BEHALF OF APPLICANT RESULTING FROM APPLICANT'S PARTICIPATION IN THE SUMMER CROSS COUNTRY CAMP AND HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS FULTON PUBLIC SCHOOLS AND COACHES OF THE FULTON58 SCHOOL DISTRICT AND YOUTH COACHES OF THE FULTON CROSS COUNTRY SUMMER CAMP. AGAINST ANY AND ALL LIABILITY, CLAIMS, JUDGMENTS OR DEMANDS FOR DAMAGES ARISING AS A RESULT OF ANY ACTIVITY ENGAGED IN BY APPLICANT AND ANY INSTRUCTION GIVEN TO THE APPLICANT BY THE SUMMER CROSS COUNTRY CAMP.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

MEDICAL TREATMENT AUTHORIZATION THE UNDERSIGNED BEING THE PARENT(S) AND/OR LEGAL GUARDIAN(S) OF THE APPLICANT AUTHORIZE AND PERMIT THE COACHES OF FULTON PUBLIC SCHOOL TO REQUEST AND CONSENT TO EMERGENCY MEDICAL TREATMENT OR CARE AS NECESSARY TO ENSURE THE WELLBEING OF OUR DEPENDENT.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

HEALTH INSURANCE COMPANY AND ID NUMBER _____



Cost is \$20 for a camp t-shirt. Pay through Venmo to Fulton Flash:

venmo