

**SUMMER SPORTS CLINIC
REGISTRATION FORM**

Name _____

Home Address _____

City/State/Zip _____

Parent(s) / Guardian(s) Names _____

Home Phone Number _____

Work Phone Number _____

E-Mail Address _____

Person to contact in case of an emergency:

Name Relationship Phone Number

Grade '09 – '10 _____ Age _____ Girl _____ or Boy _____

Shirt Size ___ S ___ M ___ L ___ XL

I give permission for _____ to participate in the Summer Sports Clinic.

I understand that the tuition for the day clinic is \$75.00. I have enclosed my deposit check of \$25.00 payable to KSD ENDOWMENT FUND. The deposit is due on or before May 18, 2009. The deposit is refundable if notification is received before or on June 5. If notification is received on or after June 6, no refund will be made, except in the case of serious injury. The balance is due the first day of clinic.

I will bring my daughter/son's Pre-Participation Physical Evaluation form on the opening day of clinic. I understand that this form can be used for the next school year 2009-2010

I hereby release Kansas School for the Deaf, the Summer Sports Clinic, and any coach, or staff thereof from any liability to our child arising from injuries sustained as a participant in the clinic.

I authorize the coaches or any supervisor to secure medical treatment as may be deemed necessary.

By my signature, I understand that any participant who does not abide by the rules and regulations promulgated by the clinic is subject to dismissal without reimbursement.

Parent or Guardian's Signature

Date

By May 18, please send the following forms to Sally Luton, KANSAS SCHOOL FOR THE DEAF, 450 E. Park Street, Olathe, Kansas 66061:

- Registration form
- A check or money order of \$25.00 deposit