

LPCA Softball Camp Registration

Name: _____ Age: _____ School/Grade: _____

Address: _____

Phone Number: _____ Email: _____

Date: _____ Parent/Guardian Signature: _____

Please Circle the appropriate T-shirt size:

Youth small medium large x-large

Adult small medium large x-large

ATHLETIC PARTICIPATION & INSURANCE WAIVER FORM (Please Print)

Student's Name _____ Parent's Name _____

Address _____

Phone _____ School of Attendance _____

I understand that participation in any extracurricular activity or sport is a privilege and not an exclusive right LPCA. I also acknowledge that there are inherent risks associated and accompanied with sports and activities and that my child may be injured as a result of an accident arising out of participation in athletics or activities. In consideration for permitting my child named above to participate in sports and/or activities, I release and hold harmless Legacy Prep Christian Academy and/or its employees, teachers, coaches, administrators, et al., from any and all liability including, but not limited to liability for injuries or damages sustained by the individual.

Insurance Waiver: I also understand that my child must be covered by medical and/or accident insurance in order to participate in sports and hereby certify that my child is covered for injuries and/or death occurring as a result of participation in, or the practice for, all athletic events as a student/participant in LPCA. I also certify that said insurance will be kept in force during the full time that my child engages in the practice for or participation in athletic events during the current school year.

Name of Insurance Company

I have completed all of the information requested above and hereby certify that I have read and agree to all of the statements listed above.

(Signature of Parent of Guardian)

(Date)