



Coe College Athletic Camps Registration Form

**PLEASE MAKE SURE THE FORM IS FILLED OUT IN FULL. PARENT/GUARDIAN
SIGNATURE AND PAYMENT ARE REQUIRED WITH REGISTRATION.**

Coe College Cross Country Camp June 14-18, 2010

Name:

Address:

City:

State: Zip:

Phone:

Parent's Day Phone:

School (entering fall 2010):

Grade (entering fall 2010):

Male | Female Age:

T-shirt size (circle one): S M L XL (*adult sizes*)

Cost for the week-long camp is \$85.
\$30 non-refundable at time of registration.
Full payment is non-refundable seven days prior to start of session.

I hereby authorize the staff of Coe Sports Camps to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries or illness incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program, as outlined above.

I hereby give Coe College permission to publish and release information about the above named minor student, including his/her photograph, to the news media. In addition, I give Coe College permission to publish and copyright photographs and/or video footage of him/her and other information about him/her for any advertising and/or promotion done on behalf of Coe College in any printed or electronic form. I also certify that I am the legal parent or guardian of the above named student and have full right to provide this release.

Parent Name (print):

Parent Signature:

Have questions? Contact:
Steve Cook
Director of Summer Camps
E-mail: scook@coe.edu
Phone: (319) 399-8849

Please submit the completed form with a check payable to **Coe College**
to the address below:

Coe College
Cross Country Camp
1220 1st Avenue NE
Cedar Rapids, Iowa 52402