

PLEASE PRINT

Fill out and mail today with: deposit \$_____ or full tuition overnight camper day camper

Friend Discount Name of Friend _____ Girls Camp Boys Camp

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Home Phone () _____ Cell Phone () _____

School _____ Roommate 1. _____ 2. _____

T-Shirt (adult sizing) S M L XL XXL _____ 3. _____ 4.. _____

Physician's Name _____ Boys = 4 per room Girls = 3 Girls per room

Physician's Phone _____ Medication Camper will bring _____

I hereby authorize the staff of the Cougar Basketball Camps and Clearwater Christian College to act in accordance with their best judgment in any emergency requiring medical attention. I hereby waive and release the camp and College from any and all liability for any injury or illness incurred prior to or while my child is at camp. I have no knowledge of any physical impairment that would affect my child's participation in the camp program. I understand that I am financially responsible for any damage he/she might cause to his/her living quarters during his/her stay on campus. My son/daughter has medical insurance to cover any injury that may occur at camp. I agree that CCC may use my child's image for purposes of institutional promotion.

Parent's Signature _____ **Date** _____



Clearwater Christian College
3400 Gulf-to-Bay Boulevard
Clearwater, FL 33759-4595
(727) 726-1153 x 211