**Notre Dame Academy Summer Day Camp 2014 Registration Form**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (please print)

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zip: \_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_**

**Entering Grade (Fall ’14) \_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies/Food Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Release Form**

*I request that Notre Dame Academy allow my daughter to participate in the summer camp(s) indicated above. I also request that camp personnel provide medical treatment in the case of injury during summer camp(s). In consideration for making arrangements for the summer camp(s) by Notre Dame Academy, I hereby release and save harmless Notre Dame Academy and any and all employees of the school from any and all liability for any injuries, loss, or other*

*claims arising out of or resulting from this camp. The undersigned parent/guardian and participant agree to accept all responsibility for the risks, conditions, and hazards which may occur whether or not they are now known. By signing this acknowledgement and assumption of risk and release as the parent/guardian, I am consenting to my daughter’s participation and acknowledge that I understand any and all risk, whether known or unknown, is expressly assumed by me and all claims, whether known or unknown, are expressly waived in advance.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent or Guardian Date

**Mail this form and check payable to Notre Dame Academy Basketball.  
Send to: Notre Dame Academy  
Attn: Wyatt Foust 1699 Hilton Drive Park Hills, KY 41011**