



IN THE NET SPORTS COMPLEX
798 Airport Road, Palmyra, PA 17078
717-838-8706
www.inthenet.com

2019 SUMMER CAMP REGISTRATION

CAMPER INFORMATION - Male: ___ Female: ___

Name: _____ Date of Birth: _____ AGE: _____

Address: _____ GRADE: _____ SHIRT SIZE: _____

PARENT/GUARDIAN INFORMATION

Name: _____

Name: _____

Cell Phone #: _____

Cell Phone #: _____

Email: _____

Email: _____

EMERGENCY CONTACT

Name: _____

Cell Phone #: _____

AGREEMENT TO PARTICIPATE

My child _____ has my permission to participate in the In The Net Sports Complex's Summer Camp Program. I am aware that participating in any physical activity can be dangerous involving MANY RISKS OF INJURY. Because of the dangers of participating in the above activity, I recognize the importance of following the instructors and coaches instructions regarding techniques, training and other rules, etc. and do agree to obey such instructions. I also acknowledge that I am aware that In The Net Sports Complex carries no medical insurance on participants and that any injury incurred must be covered by my personal medical insurance policy. I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in sporting activities, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

HOLD HARMLESS/RELEASE

In participating in any physical activity, I recognize that certain risks and dangers exist. These include loss or damage to personal property, injury or fatality due to accident, illness or collision with a vehicle while traveling to and from the activity site. I understand that In The Net Sports Complex shall assume no responsibility or liability for accidents, illness or loss or damage of personal property, and I acknowledge and do hereby assume all risks in connection with this activity, and I hereby hold In The Net Sports Complex or agents harmless from any and all liability, action, claims and damage of every kind and nature whatsoever even if arising from the negligence of the Manager, employees, agents and/or designees, other participants, or otherwise.

PHOTO RELEASE

I give In The Net Sports Complex permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against In The Net Sports Complex with respect to copyright ownership and publication including any claim for compensation related to use of the materials. General Guidelines: It is recommended that a release be obtained when photographing or videotaping a minor (under 18). Parent or guardian consent are required; signatures of minors are not sufficient. When images are published, In The Net Sports Complex will take cautionary steps to provide minimum identifying information and will not use specific street or mailing addresses, e-mail addresses, or phone numbers. If you have questions, please contact In The Net Sports Complex management.

My signature on this document indicates that I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and signed it freely and voluntarily without any inducement; acknowledges that I have legal responsibility for and authority to sign it on behalf of my child, and it is intended to bind my heirs, representatives, executors, administrators, successors, or assigns.

_____ Date

_____ Signature of Parent/Guardian



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2019 CAMPER MEDICAL INFORMATION

Camper Name: _____

Physician Name: _____

Physician Phone Number: _____

Will your child be taking medication? YES ___ NO ___

If yes, please list: _____

Please send all medication in a clear sealable bag with a label and specific instructions

****PLEASE NOTE- OUR STAFF DOES NOT ADMINISTER MEDICATION!
IF YOUR CHILD IS ON MEDICATION, IT IS YOUR CHILD'S RESPONSIBILITY TO TAKE IT.
WE WILL REMIND THEM BUT WILL NOT GIVE IT TO THEM.***

Does your child have any allergies? YES _____ NO _____

Please list and explain symptoms: _____

Does your child have a chronic or recurring illness? YES ___ NO ___

Please explain: _____

Are there any limitations/issues we should be aware of? _____
