



Registration Name: \_\_\_\_\_

Age: \_\_\_\_\_ Current Grade \_\_\_\_\_

T-Shirt Size: Child S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_

Adult S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_

Phone #: \_\_\_\_\_

Alberta Health Care Card Number: \_\_\_\_\_

Waiver/Release:

I give my child permission to attend and participate in these activities provided by the Colts Summer Camp. I also give permission to coaches to seek and obtain any medical services in case of emergency.

Name / Signature of parent /guardian: \_\_\_\_\_

Date signed: \_\_\_\_\_

Return and e-transfer to [evanmueller@hotmail.com](mailto:evanmueller@hotmail.com) \$85 PAID \_\_\_\_\_