



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 All Sport Camp

Name:

Address:

City:

State: Zip:

Phone:

E-mail:

Parent's Names:

Parent's Day Phone:

Grade (entering fall 2008):

School: Age:

Male Overnight Resident
 Female Commuter

Roommate preference (if any):

T-shirt size (circle one): YM YL S M L XL

Please choose a "primary sport" and two "secondary sports" from the list below.

Primary Sport:

Secondary Sport #1:

Secondary Sport #2:

Primary Sport Options: Baseball/Softball, Basketball, Football, Golf, Racquetball/Squash, Rock Climbing, Soccer, Tennis, Track & Field
Secondary Sport Options: Baseball/Softball, Basketball, Football, Golf, Racquetball/Squash, Rock Climbing, Soccer, Swimming, Tennis, Track & Field, Volleyball

There is an extra fee of \$15 for a "primary sport" in golf and an \$8 fee for a "secondary sport" in golf.

Cost for the Overnight camp is \$425 with a \$100 non-refundable deposit at time of registration. Cost for the Commuter camp is \$325 with a \$100 non-refundable deposit at time of registration. Full payment is required and non-refundable seven days prior to start of camp.

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:

Please submit the completed form with a check payable to **Coe College** to the address below:
 Coe College
 Kohawk All Sports Camp
 1220 1st Avenue NE
 Cedar Rapids, Iowa 52402

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