

## **REGISTRATION & MEDICAL RELEASE FORM**



Camper's Name		
Address		
City		State Zip Code
Parent/Guardian Name		
Parent/Guardian Email		Phone
SELECT YOUR CAMP: Single	Session \$55 Both Sessions \$90	
☐ 9-11 years old 10-12:30	Opm 12-13 Years Old	Youth T-shirt Size:
Sat Sun Both	Sat Sun Bot	
PAYMENT:		
☐ Credit Card	☐ Check: Make che	ecks payable to <b>Edmond Community College Athletics.</b>
Name on Card:		Credit Card #:
MEDICAL RELEASE FORM I acknowledge that I am inform my child or dependent is enrol	ned of the hazard and risks connected Iling, including those risks which are in	ate:3 or 4 digit Code:  I with participation in the class/camp or other activity in which accumbent with any excursion program or extracurricular activities, ersonal bodily injury or property damage risk.
Applicant Signature:		Parent/Guardian Signature:
	·	de your medical insurance information:  Policy number:
Emergency Contact Name:		Phone #
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TO REGISTER: Please	e send payment along with the re	gistration form
EMAIL: kim.johansen@em FAX: 425-640-1102	nail.edcc.edu	MAIL: Edmonds Community College Attention: Triton Baseball 20000 68th Avenue W

Lynnwood, WA 98036