

EARLY BIRD SPECIAL

Register prior to May 26 to receive a camp t-shirt!!

T-shirt sizes: Youth: S M L
Adult : S M L XL XXL

Please turn in with Registration Form.

***Please don't let the Registration Fee discourage you from this opportunity. Contact the TCS Athletic Director, Tim Wensink, if you need assistance.
Ph: 419-389-8700 ext. 133, Email: twensink@toledochristian.com**

Registration Form



Camper's Name _____

M ___ F ___ Grade (2017-2018 school year) _____

Please list camp(s) you will be attending:

1. _____
2. _____
3. _____
4. _____

I hereby authorize the directors of Toledo Christian Summer Sports Camps to act for me according to their best judgment in any emergency requiring medical attention. I also waive and release Toledo Christian Summer Camps from any medical responsibility of injuries my child might incur. I know of no physical or mental problem which might affect my child's ability to safely participate in summer camps. I will be responsible for any medical or other charges in connection with his/her attendance at camp.

Parent's Signature _____

Emergency Phone Number _____ Text ___ yes ___ no

Email _____

Insurance Co. _____

Pre-existing Medical Conditions _____

Payment must be received with registration, unless prior arrangements have been made with the Athletic Director.

To aid in bookkeeping, we MUST have a separate check for each camp that will be attended. Make checks payable to Toledo Christian Schools.

Office Use:

Date Received: _____ **Payment: Cash** ___ **Check #** _____