

# THE CHUTE CAMP APPLICATION FORM



**PLEASE PRINT CLEARLY**

Please make checks payable to: **THE CHUTE**

Please indicate the amount being paid at this time.

OR Deposit: \$ \_\_\_\_\_  
Full Amount: \$ \_\_\_\_\_  
 Check #: \_\_\_\_\_  Cash

Site of Camp \_\_\_\_\_ Dates of Camp \_\_\_\_\_

School You Attend: \_\_\_\_\_ Grade \_\_\_\_\_

(refers to athlete's grade next year)

Boy  Girl Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

T-shirts: Adult Sizes  SM  MD  LG  XL  XXL Youth Size  LG

Players from the host school should turn their forms and deposit into their coach.

Players from neighboring schools should send their forms and deposit to: The Chute, P.O. Box 422, Newell, IA 50568.

Reminder: Please fill out the Liability/Waiver Agreement below. Make checks payable to: The Chute.

## Liability/Waiver Agreement

We/I authorize the staff members to act in the best interest of our/my child in case of emergency. We/I realize that insurance is not provided and therefore, we/I assume all risks of injury. I agree that The Chute, its director and staff members shall not be liable for any claim, demands, injuries, damages, actions or causes of actions. I have read this agreement and understand it and agree to all of it.

Name of Camp Participant \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send your non-refundable \$30.00 deposit with you application and sixed waiver. Thank you.