

Center Point-Urbana Camp Registration Form



Activity _____

Participant's Name _____ Grade _____

Parent/Guardian _____ Phone _____

Parent/Guardian Email _____

Emergency Contact _____ Phone _____

T-Shirt Size			
Youth X-Small	<input type="checkbox"/>		
Youth Small	<input type="checkbox"/>	Adult Small	<input type="checkbox"/>
Youth Medium	<input type="checkbox"/>	Adult Medium	<input type="checkbox"/>
Youth Large	<input type="checkbox"/>	Adult Large	<input type="checkbox"/>
Youth X-Large	<input type="checkbox"/>	Adult X-Large	<input type="checkbox"/>

I certify that my child has been cleared by a physician and hereby give my permission for any and all activities involved in camp. I further waive any legal actions against CPU Schools, its staff, and volunteers for injuries my child might incur.

Parent Signature _____ Date _____