

# Cornerstone Athletics Camps and Clinics Registration Form

*Please print clearly with black or blue ink. A separate form is required for each sibling.*

Participant's Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall 2009 \_\_\_\_\_

**Athletic Skills Camp Dates (place an "X" beside desired camp):**

\_\_\_\_\_ Morning Winter Clinic, 12/28/09-12/31/09, 9am-10:15am (Mitchell-Ellington Park, Merritt Island)

\_\_\_\_\_ Afternoon Winter Clinic, 12/28/09-12/31/09, 5pm-6:15pm (Mitchell-Ellington Park, Merritt Island)

\_\_\_\_\_ Spring Break Camp, 3/29/10-4/1/10 (Location TBA)

Parent/Guardian Names \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Ph# \_\_\_\_\_ Cell Ph # \_\_\_\_\_ Wk Ph# \_\_\_\_\_

Which sports, if any, has the participant been previously involved in? \_\_\_\_\_

Previous or current injuries \_\_\_\_\_

Other known medical conditions \_\_\_\_\_

Physician's Name \_\_\_\_\_ Ph# \_\_\_\_\_

Food allergies \_\_\_\_\_ Drug allergies \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Ph# \_\_\_\_\_

Besides the parent(s) listed on this form, please indicate anyone else you authorize to pick up your child:

\_\_\_\_\_

**\*\*ALL INDIVIDUALS PICKING UP CHILDREN MUST PRESENT A PHOTO ID.\*\***

**\*\*Registration is NOT complete until full payment, liability form, and consent form is received.\*\***

**\*\*ALL PAYMENTS ARE NON-REFUNDABLE. Rainchecks will be given in the event of inclement weather.\*\***

I, (parent) \_\_\_\_\_ agree that (participant) \_\_\_\_\_

\_\_\_\_\_ may participate in the Cornerstone Athletics Skills Camp.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

*Please mail registration forms with check and any vouchers/gift certificates to:*

**P.O. Box 560754  
Rockledge, FL 32956-0754  
321.446.8876**