



MCC ScotStars Summer Sports Camp
Registration Form and Waiver Release (Please print)

Name of Camper: _____

Date of Birth: _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Parents'/Guardians' Name: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-mail: _____

Emergency Contact:

Name: _____

Relationship: _____ Phone #: _____

Camps Enrolled:

Course Code Number: _____ Camp Name: _____ Grade: _____

I, being of lawful age, in consideration for my child being permitted to participate in this activity hereby release and forever discharge McHenry County College from any claim, demand, action or right of actions, either in law or in equity, arising from any bodily injury or personal injuries known or unknown, death or property damage resulting from any accident which may occur as a result of participation in this activity or any activities in connection with this activity.

I further release McHenry County College from any claim on account of first aid, treatment, or service rendered my child during their participation in this activity. I agree to allow verbal or written testimonials and/or camp photos taken, that may include my child to be used by the college for future publicity, marketing and other purposes.

Child's Name

Signature of Parent or Legal Guardian

Date