

THE CHUTE CAMP APPLICATION FORM



PLEASE PRINT CLEARLY

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

Please indicate the amount being paid at this time.

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

Site of Camp _____ Dates of Camp _____

School You Attend: _____ Grade _____

Boy Girl Name _____
(refers to athlete's grade next year)

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 \$20.00 deposit with your application and signed waiver. Thank you.