

Application / Medical & Emergency Release Form

Parent/Guardian Name: _____

Student Name: _____

Address: _____

City, State, Zip: _____

Home Phone: () - _____

Parent/Guardian Cell Phone: () - _____

Age: _____ School: _____

Grade entering as of August 2023: _____

Parent/Guardian Email Address: _____



Visit www.holynamehs.com/summer-camps to register for the many experiences we have available on our campus this summer!

Payment may also be submitted online.

You can bring this release form on the first day of camp, or, mail it to:

Kim Luthman, Director of Sports Camps
Summer Sports Camps
6000 Queens Highway
Parma Hts., OH 44130

For more information, please contact
Kim Luthman at 440-886-0300, ext. 414,
or at kluthman@holynamehs.com

I give my consent and approval for:

(Student's name)

to participate in the Holy Name Individual Summer Camp. I certify that he or she is physically fit to take part in the activities of the camp. I have adequate medical insurance for medical expenses that would result from any injury sustained while participating in the Camp. I agree NOT to hold Holy Name High School and the Camp Staff members responsible for such expenses.

In the event reasonable attempts to contact me are unsuccessful, I hereby give consent and I authorize administration of treatment deemed necessary by:

(preferred Doctor; please print)

or

(preferred Dentist; please print)

or, in the event such is not available, by another physician or dentist.

Parent/Guardian Name: _____

Signed: _____

Date: _____

Home Phone: () - _____

Work Phone: () - _____

Cell Phone: () - _____

Please attach a sheet with any additional information coaches would need to know to best help your camper. (e.g. allergic to bee stings, exercise-induced asthma, diabetes, etc.)

HOLY NAME

We teach, develop, prepare and celebrate the individual