

Sleepy Eye Indians Strength and Speed Camp

“Take your game to the Next Level”

Athlete Name: _____ Grade: _____

Athlete cell (Used for emergency only) _____

Athlete Email Address: _____

Parent/Guardian Name: _____

Parent Emergency contact number(s): _____

Parent Email Address: _____

Total Registration amount enclosed: \$30 single \$50 family (Please circle)

_____ Cash (or) _____ Check

****Please make Checks payable to SEPS. Please turn in this form along with your registration fee to Mr. Haala or Anita in the HS office. ****

Informed Consent and Liability

X I have volunteered to participate in a training program directed by the NUMC sports medicine staff and the Sleepy Eye coaching staff. I hereby consent to voluntarily engage in exercise training. I personally assume all risks in connection with this program and do not hold the sports medicine or coaching staff liable for any injuries that may occur while participating.

Signature athlete: _____ Date: _____

Signature Parent/Guardian: _____ Date: _____

