

2023 RAIDER SUMMER CAMPS REGISTRATION FORM

Please complete one form per camper (form may be copied). Return completed form with payment(s) to appropriate camp and mail to the designated address. If not specified, contact the coach or mail to the high school through June 1st:

SM South, 5800 W. 107th St, Overland Park KS 66207

C/O the name of the appropriate coach(es) or mail to the designated address for the camp.

Participant's Name _____ Phone (____) _____ Grade 2023-2024 _____

Address _____
Street City State Zip

Parent Name _____ Emergency Phone (____) _____

E-mail Address _____

WAIVER STATEMENT: The undersigned states that He/She understands that the Summer Camps at SM South High School are not and shall not be responsible for or liable for any illness, or injury to person or damage to property resulting from participating in said program, and the participant and the undersigned, if the participant is a minor or under legal disability, hereby forever release and holds harmless the said Summer Camps, its employees, agents and representatives from any and all claims of any kind that the participant, or the undersigned or their respective heirs, executors, administrators, or assigns may have or claim to have resulting from participating in said program.

I HAVE READ AND UNDERSTAND THE WAIVER STATEMENTS.

Signature of person registering participant _____ Date _____

REGISTRATION INVALID WITHOUT SIGNATURE