



BLUE MOOSE SPORTS CAMP

Building a stronger community through sports.

REGISTRATION FORM

I am interested in registering my son/daughter for the Blue Moose Summer Sports Camp.

Please choose the Session you prefer: Session 1 (8:30 am – 11:30 am)
 Session 2 (12:00 pm – 3:00 pm)

Please choose the week(s) you prefer: Week 1 (June 7 – June 11)
 Week 2 (June 14 – June 18)
 Week 3 (June 21 – June 25)
 August Session (8:30 am – 10:30 am) August 9 – August 13

Camper's Full Name

Parent's/Guardian's Name

Address

Parent's / Guardian's Alternate Phone Number

City, State, Zip

Emergency Contact Phone Number

Home Phone Number

Emergency Contact Relationship

Email Address

T-shirt Size

Please indicate medical conditions or limitations (allergies, asthma, diabetes, etc.):

Please indicate any medications your camper requires:

Cost: **\$100.00** per week or **\$250.00** for three weeks in June; **\$75** for the August Session.
Checks can be made payable to Blue Moose Sports Camp or Ryan McLaughlin.
One time rental fee of **\$20** per child for the Western Springs Park District and Recreation Department.

Parent / Guardian Signature

If you have any questions or concerns please contact Ryan McLaughlin at (708) 829-1236.

Please note: While Blue Moose Sports Camp will be held at Field Park, this camp is not associated with Western Springs School District 101.

Please return completed form to Mr. McLaughlin, Mr. Elder, Mrs. Elder or Mrs. McLaughlin
Or mail completed form to Ryan McLaughlin at 5221 Commonwealth Avenue, Western Springs, IL 60558.



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PARENTAL PERMISSION AND CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (Agreement)

Camp Participant's Name(print)

Parent/guardian's Name (print)

1. As the parent or legal guardian of the Camp Participant named above, I hereby give my full consent and permission for _____ to participate in this summer's Blue Moose Sports Camp.

2. I understand the nature of the Sports Camp activities will include calisthenics, athletic activities, instruction, drills and games in various sports including, but not limited to basketball, soccer, baseball and related activities. I understand my child's experience and capabilities and I believe my child to be qualified to participate in such activities. I also certify that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities.

3. I fully understand the potential dangers and risks attendant calisthenics and athletic instruction, drills and games, which could include serious bodily injury, including permanent disability, paralysis and death. I understand that these risks and dangers may be caused by my minor child's own actions, or inactions, the actions or inactions of other children participating in the sports camp activities, the conditions in which the activities take place or the negligence of the sports camp leaders, Nicole Caez, Scott Elder, Jennifer Elder and/or Ryan McLaughlin. (the camp leaders). I understand that there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time and I fully accept and assume all such risks and responsibility for losses, costs and damages incurred as a result of my child's participation in the sports camp activities.

4. I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my child's participation in the sports camp activities. I agree to indemnify and hold harmless the Blue Moose Sports Camp and the camp leaders from any claims, loss, liability, damage or costs, including court costs and attorneys fees that may be incurred due to my child's participation in the sports camp. I understand that the Blue Moose Sports Camp is not a legal entity.

5. I understand that my child's participation in the sports camp is strictly voluntary. I understand that the Blue Moose summer sports Camp is not in any manner affiliated with Western Springs School District 101, that the summer sports camp is entirely separate and distinct from School District 101 and that School District 101 officials, employees and /or agents will NOT be involved in any manner in conducting the summer sports camp. I understand that camp leaders Nicole McLaughlin, Scott Elder, Jennifer Elder and Ryan McLaughlin are not the actual or apparent agents or employees of Western Springs School District 101 while conducting the Blue Moose summer sports camp.

6. In consideration of my minor child being permitted to participate in any way in this summer's Blue Moose Sports Camp, I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the camp leaders, their agents, volunteers, employees, other participants, any sponsors, advertisers, and owners and lessors of premises on which the activity takes place, and Western Springs School District 101, each considered Releasees herein, FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY ONE OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEYS FEES, LOSS, LIABILITY, DAMAGE OR ANY COSTS THAT MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AND THE MINOR HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

I HAVE READ AND AGREE TO ALL TERMS OF THIS AGREEMENT:

Name of Minor Participant

Signature of Parent or Legal Guardian

Signature of Witness

Printed name of Parent or Legal Guardian

Printed name of Witness

Date

Date

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