

REGISTRATION

Camp _____

(List specific camp title as some sports have more than one camp)

Name _____ **Shirt Size (Adult)** _____

Gender _____ **Age** _____ **Grade('11-'12)** _____

Address _____

City _____ **Zip** _____

Email Address: _____

Home Phone _____

Current School _____

Please list your experience in this sport. You may include years played, leagues, positions played, etc.

Full payment should accompany this application form. Make checks payable to "CA-Roseville" and mail with registration to:

**Concordia Academy-Roseville
2400 North Dale St.
Roseville, MN 55113**

Please specify camp name on the envelope.

Waiver

We agree that on behalf of the enrolled student named on this registration form, Concordia Academy-Roseville and/or staff, coaches or employees will not be held responsible for any injury, accident or loss of property, however caused. It is further agreed that all risks involved in participation in this camp are assumed by the student and parent or guardian, who is also responsible for the medical fitness of the enrollee and for all medical costs incurred in case of injury while in attendance at a CA-Roseville camp.

Parent/Guardian Signature _____ Date _____

(Please make additional copies of this registration form to register for more than one camp.)