DBHS	S Pep Yo	uth Ca	mp		
	ay, Septemb		•		
Turn in Completed form w/ check attached					am-3:30pm
\$35 Early Bird Registration DL	,		•	9/7 @ 3PM.	
*Tee Shirt Size	guaranteed for reg	istrations turn	ed in by 9/7.		
Participating in (Check 1):Song		Cheer			
Shirt Size (Circle 1): Youth Extra Small Yo	outh Small Yout	th Medium	Youth Large	Adult SM	Adult M
Email:					
DBHS Pep Member that referred you:					
Please	e make checl	c out to D	BHS		
Participant Name:			DOB:		Age:
Parent/ Guardian Name (First, Last):					
Parent/Guardian Phone Number: ()_					
Home Address:					
Doctor:	Phone Numbe	r: ()		
Insurance Company:	Pol	icy Number:			
Allergies:					
Medications:					
Existing Conditions: (injuries, asthma, physical states)					
In the case of an emergency and we/I car	nnot be reached,	please conta	act:		
Name:	Phone Nur	nber: ()		
For good and valuable considerations, the receipt and suparent or legal guardian of	Just Part of the second	own behalf and own behalf and intatives, member negligence of the cost) arising out r connected with all activities asso ssly agree to inde further claims, d sulting to Minor i may have to pay Liability Release se releases releas y own behalf and	on behalf of Mino ers, agents, and er e releases or other of or connected w any illnesses or ir ciated with the ca emnify and hold ha emands or actions in any way from th v as a result of any in its entirety and sees from liability d on behalf of Min	r, further agree nployees of DBF wise for and cla vith the camp, in njury (minimal, s mp and while tr armless release that subseque the foregoing act such action, cla fully understan and contains ar ior, further ackr	to release and to HS Pep, the location aim, judgment, loss, ncluding any claim serious, raveling to and from and releasees' ntly be brought by ivities. I further him or demand. d its contents. n acknowledgement howledge that

Signature	of	Parent	or	Legal	Guardian
Signature	U .	i ai ciit	U .	LCBai	Guaraian
