

****Please send money and form back by Friday, April 27****

Name: _____ Grade for next year: _____

T-shirt size: YS YM YL AS AM AL

Cost: \$60 per camp

Please check all camps you would like to attend!!!

_____ Football Camp \$60

_____ Twirling Camp \$60

_____ Basketball Camp \$60

_____ Cheer Camp \$60

_____ Kids Camp \$60

Total: _____

Parental Consent

The undersigned parent or guardian understands that applicant will be engaging in physical activity during the program which contains an inherent risk of physical injury and the undersigned assumes the risk and releases Briarwood Academy, its officers, director, and employees from any and all liability from personal injury arising out of the applicant's participation in the Briarwood Summer Camps.

I hereby grant permission for my son/daughter to attend the Briarwood Summer Camps and to be treated by a licensed physician during the event of an injury, accident, illness, or mishap.

Parent's signature: _____ Date: _____

Parent Contact: _____ Contact Number: _____

Emergency Contact: _____ Contact Number: _____