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## Summer Camp Registration Form

Camper Name: \_\_\_\_\_ Camper DOB: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Any allergies, food restrictions or special circumstances we need to be aware of? Yes  No

If yes, please list \_\_\_\_\_

\_\_\_\_\_ (Initial) **Authorization for Emergency Health Care:** I give permission for Sky High Sports staff to arrange necessary transportation for my child in case of a medical emergency. If I cannot be reached in an emergency, I give permission to the physician to secure and administer treatment, including hospitalization for my child.

\_\_\_\_\_ (Initial) **Liability Waiver:** I have read and signed the Sky High Sports (Portland/Tigard) liability waiver for my child.

\_\_\_\_\_ (Initial) **Payment/Refund Policy:** A \$100 deposit is required at registration. Full payment is due 30 days prior to your child's camp start date.

If you cancel more than 30 days prior to the first day of camp your deposit will be refunded in full. If you cancel 14-29 days prior to the first day of camp, we will refund 50% of the camp payment. If you cancel less than 14 days prior to the first day of camp, there will be no refund.

Sign: \_\_\_\_\_

Parent or legal guardian signature

Print: \_\_\_\_\_

Parent or legal guardian print name

Date: \_\_\_\_\_

(By signing this document, you agree to all that is stated on this registration form.)