



NATM High School Day Camp Registration Form

Presented by: CBU Athletic Training Program

Student Information:

Student Name: _____ Date of Birth: _____
(Last, First) (MMDDYYYY)

Street Address: _____ City: _____, CA Zip: _____

Telephone: (____) _____ Email: _____

High School: _____

T-Shirt size: Sm Med Lg XL XXL (*Shirt are men's sizes)

Allergies/Medical Conditions: _____

Emergency Contact:

Contact Name: _____ Relationship: _____

Street Address: _____ City: _____, CA Zip: _____

Email: _____

Primary Number: (____) _____ Mobile Home Work

Secondary Number: (____) _____ Mobile Home Work

Contact Name: _____ Relationship: _____

Street Address: _____ City: _____, CA Zip: _____

Email: _____

Primary Number: (____) _____ Mobile Home Work

Secondary Number: (____) _____ Mobile Home Work

I, _____, the parent/guardian of _____ hereby give permission for my child to participate in the CBU High School Day Camp for Athletic Training.

Parent/Guardian Signature: _____ Date: _____

Please return form/waiver/ and payment in included envelope with student name on front to your designated teacher by March 8, 2017.