

“S.A.C.”
Stratford Athletic Conditioning Program
Registration Form and Emergency Information

Registration:

Name _____ Age _____ Gender: M or F

Grade (Fall' 18) _____ School Attended Last Year _____

Physical on file: Y or N (if not @ S.B.I.S.D school you must give us a copy)

Address _____

City _____ State _____ Zip _____

Home Phone _____

Parent/Guardian Name _____ Daytime Phone _____

Student School I.D # _____

MAKE CHECKS PAYABLE TO S.B.I.S.D. (please put student name on check)

Please select one of the following sessions _____

<u>Sessions</u>	<u>Camp Dates</u>
High School Session 8:00-10:00 a.m.	Mon - Thurs
Middle School Session 10:15 am-11:15 am	June 11 – August 2nd

*** No camp for the week of July 2nd – July 5th**

*** No camp for the week of July 23rd – July 26th**

I, the undersigned, being the individual, parent, or legally authorized guardian of _____, agree to hold Spring Branch Independent School District, its Board of Trustees, administration, and/or faculty, harmless from liability for any injuries which my child may receive while participating in any recreational activities or utilizing the Spring Branch Independent School District facilities. I herewith authorize the Director, supervisor, and/or district employee to secure medical services for any family member if necessary, and I agree to pay either directly or through my own personal health and accident insurance policy, all medical or hospital costs.

Signature of parent or legal guardian

Date

Street address of parent or legal guardian

City/State

Zip

Phone