

Make Checks Payable to Fayette Academy

*Please return forms to Becky Bartholomew
Any questions please email me at:
bbartholomew@favikings.org



Camp(s) Attending _____

Campers Name _____ Grade _____

Cash _____ Check# _____ Total Paid _____

T-shirt size

YS___ YM___ YLG___ AS___ AM___ ALG___ AXL___

Parents Name _____

Parents Number _____

Parents email _____

Emergency Contact Name _____

Contact Number _____

Does Camper have any medical conditions the staff needs to be aware of? _____

Waiver Agreement:

We/I, the parent(s)/guardian(s) of _____, a participant in the Fayette Academy Sports Camps, recognize and acknowledge that there are certain risks of physical injury and we/I agree to assume the full risk of any injuries, including death, damages or loss which may be sustained as a result of participating in any and all activities connected with or associated with this program. We/I agree to waive and relinquish all claims we/I may have as a result of our child's participation in Fayette Academy's Sports Camps.

Parent Signature _____ Date _____

Camper Behavior Acknowledgement

I understand that Fayette Academy personnel reserve the right to dismiss any camper whose behavior becomes unmanageable or inappropriate. Inappropriate behavior would include anything that violates the school policies of Fayette Academy.

Parent Signature _____