

ROLLING HILLS ATHLETICS & RECREATION REGISTRATION FORM

Rolling Hills Public Charter School, 8900 N. Horseshoe Bend Rd, Boise, ID 83714, (208) 939-5400

Student/Participant First Name:	Middle Name or Initial:	Last Name:
Gender (Circle One): Male Female	Birthdate: ____/____/____	Age:
School:	Current Grade:	Home Phone:
Home Address:	City:	State & Zip:

A parent or guardian must fill out the section below as well as sign the Participant Agreement at bottom of page.

Parent/Guardian First Name:	Middle Name or Initial:	Last Name:
Gender (Circle One): Male Female	Birthdate: ____/____/____	Home Phone:
Address (if different from above):	City:	State & Zip:
Work Phone:	Cell Phone:	E-mail Address:

6-8th Grade Co-Ed Volleyball Camps at Rolling Hills Public Charter School Gym

Check Box:	Dates:	Cost:
<input type="checkbox"/>	July 13-15, 2010: 5:30-8:30 pm	\$50.00/student
<input type="checkbox"/>	July 21-23, 2010: 9 am-12 pm	\$50.00/student
<input type="checkbox"/>	July 21-23, 2010: 1-4 pm	\$50.00/student

Please send complete form and payment (check payable to RHPCS) to Rolling Hills address at top of page. Deadline date for registration is 1 week prior to camp start date. Questions? Email mayslaughter@msn.com or call Rolling Hills at 939-5400 (leave message).

RHPCS Participant Agreement:

I approve this registration and certify that my child is capable of such an experience. Rolling Hills Public Charter School (RHPCS) provides recreational activities to the public. RHPCS participants understand that recreational/ sports activities involve inherent risks which are beyond the control of RHPCS, their employees/staff, volunteers, and Board Members. We do understand that upon using the facility and/or services that we hereby assume all risks of the behavior, actions, and safety of myself, my minor child or children while involved in the activities. Therefore, I assume full responsibility for personal injury to myself and/or to members of my family, or for loss or damage to my personal property and expenses thereof as a result of my negligence or the negligence of my Family participating in said activities. In case of accident or illness RHPCS is authorized to secure emergency medical treatment. Prudent attempts will be made to contact the parents immediately. I have read and understand this agreement and release of liability, and do voluntarily agree. I give RHPCS permission to utilize pictures of me and/or my family in RHPCS marketing, promotions and print media.

Parent/Guardian

Signature _____ **Date** _____