



Team COMPLETE Consortium Schools CAMP- June 17-June 20, 2019

Camper Name _____ Age _____ M/F D.O.B. _____

T-shirt YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ XL _____

Parent/Guardian _____

Address _____

City _____ St _____ Zip _____

Phone _____

Email _____

Emergency Contact _____ # _____

Special Needs/ Requests: _____

Mail Application and Payment To:

Team Complete
5006 Cuming St.
Omaha, NE 68132

*All cancellations are subject to a \$40 non-refundable deposit.

Make checks payable to Team Complete. Payment in Full - Camp Fee Enclosed

\$ _____ Check Number _____

I hereby release TCP and any hosting organization from any and all claims and liability of any kind of personal injury or property damage due to participation in this camp. I understand that participation in sports camps include physical contact and certify that my child is in good health and able to participate in all activities. I agree to notify the coaching staff of any preexisting medical or psychological conditions. If attention is required for illness or injury, I give my permission to a staff member for such care. I give my consent for my child to be photographed or video taped while participating in camp activities and for the resulting images to be used by Team Complete for promotional purposes.

Parent Signature _____ Date _____