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STAY Active in the 5th Quarter Summer Sports Camp

**7-8 am Monday and Thursday, July 12th-August 5th
Boswell Stadium (and/or EJHS gym & weight room)**

\$25/student, payable to Active Recovery PT

Please bring water and wear school-appropriate gym clothing and footwear

Student Name: _____ Male/Female: _____

DOB: _____ Grade (2021-22 school year): _____ open to 7th-12 grade EJMHS students

T-shirt size (unisex): _____ T-shirt guaranteed if registered by
6/28

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Legal Guardian: _____ Phone #: _____

Student Allergy/Medical Concerns: _____

In case of an emergency, contact: _____

Phone #1: _____ Phone #2: _____

Liability Waiver

You agree that you are aware that _____ will be engaging in physical exercise involving various sports, coordination, events, and general fitness training, which could cause injury to him or her. The location of these activities will take place on the campus of East Jordan Middle High School in East Jordan, Michigan. You hereby agree to waive any claims or right that you might otherwise have to sue Active Recovery PT, East Jordan Public Schools, the center, our employees, owners, officers, or agents for any injury that might occur.

Parent/Guardian Signature: _____ Date: _____

Photo Use Release Form

I, the parent/legal guardian of _____, hereby grant and authorize Active Recovery Physical Therapy & Sports Rehab the right to take, edit, alter, copy, exhibit, publish, distribute, and make use of any and all pictures or video taken of aforementioned student to be used in and/or for legally promotional materials.

Parent/Guardian Signature: _____ Date: _____

****Connect with Active Recovery PT on Facebook for updates, including weather alerts.**