La Salle High School 2021 Sports Camp Registration

3000 Lightning Way, Union Gap, WA 98903-2213. (509) 225-2900, FAX-225-2950

(Please type or print one form for each participant. ***Be sure to complete both sides***.)

_____ _____
Student's Last Name/First/Middle Age

Grade: _____ Gender: _____ Male _____Female
2019-2020

Circle T-Shirt Size (**Sport Camps only**): sm. med. large x-large

Student lives with (Please specify titles, such as Mr., Mrs., Dr., Rev., etc.):

_____
Title Last Name First Name (Father/Step-father)

_____
Title Last Name First Name (Mother/Step-mother)

_____
Address (Number & Street, include Apt. #) City State Zip

_____ _____ _____
Home Phone Number Father's Work/Cell Phone Mother's Work/Cell Phone

_____
Email address

Signature below gives absolute right and permission for La Salle High School to use my child's name and/or photo in its electronic media. I understand that the name and photograph(s) may be used in electronic media such as video, or Internet. I release La Salle High School, the photographer, their offices, employees, agents, and designees from liability for any violation to any personal or propriety right I may have in connection with such use.

_____ _____
Parent/Guardian Date

All Sport campers need to complete and turn in:
- ☑ Registration form
- ☑ Medical Release Form
- ☑ A Concussion Form (required by State law)

Return completed forms with fees to:
La Salle High School
Summer Program
3000 Lightning Way
Union Gap, WA 98903
Print additional registration forms at www.lasalleyakima.com

Consent for Medical Care and Treatment

In an emergency, if we cannot be reached, and our family physician is not available,

I, _____ give La Salle High School permission to use the
(Parent/Legal Guardian)
closest available medical facility and I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or presented by a physician for _____
(Child's Name)

Emergency Information:

_____ _____
Emergency Contact Name (local person) Home Phone/Work Phone

_____
Address (Number & Street, include Apt. #) City State Zip

_____
Relationship to Student/Student's Family

Insurance Carrier: _____ Policy#/Group#: _____

Preferred Hospital: _____

Student's Medical Information:

Date of Birth _____ Allergies: _____

_____

Known Medical conditions (e.g. asthma): _____

_____

Medications: _____

_____ _____
Family Physician Physician Phone

Please Complete for Sport Camp Participants

Amateur Athletic Minor Waiver & Release of Liability

I hereby acknowledge and fully understand that each participant will be engaging in activities that could cause injury and hereby waive and release La Salle and its employees from any liability from injuries and illness incurred by the above participation.

_____ _____
Parent/Guardian (Print Name) Signature

Date: _____

La Salle High School 2021 Summer Program Financial Contract

3000 Lightning Way Union Gap, WA 98903-2213. ✞ (509) 225-2900 FAX-225-2950 ✞ www.lasalleyakima.com

(Complete one form for each participant, though one check can be sent in.)

Print Student's Last Name/First/Middle _____ Age _____

Gender: _____ Male _____Female Current School: _____ Grade (in the Fall): _____

Before classes or camps begin, all summer participants must complete both sides of this form and mail it to:
La Salle Summer Institute, 3000 Lightning Way, Union Gap, WA 98903 or fax it to 509.225-2950.

REGISTRATION CLOSES ONCE CLASSES/CAMPS REACH MAXIMUM ENROLLMENT

Be sure to allow ample time for the forms to arrive before your child's first day of attendance. All students must be pre-registered, and forms/payment received by the main office before attending a class or camp. Please call 509.225.2900 if you have questions/concerns.

Pre-Algebra and Algebra Principals (for incoming 9th graders) July 12-August 5, Monday-Thursday	$150	
High School Prep English/Study Skills (for incoming 9th graders) July 12-August 5, Monday-Thursday	$150	
Discount for enrolling in BOTH English/Study Skills and Math class	$250	
Senior Camp College June 28-July 1, 9-11am	$100	
Junior Camp College June 21-24, 9-11am	$100	
SAT Preparation Course June 21-24, 11:30-2pm	$100	
Discount for enrolling in BOTH the SAT Prep and Camp College Courses	$175	
Registration Fee ($15 per person)		$15
Academic Course Sub-Total		
Soccer Camp (boys and girls entering Grade 1-8 in the Fall) July 20-21 – 4-7pm	$30	
Volleyball Camp (entering Grade 5-8 in the Fall) June 14-17 – 3:30pm-5:30pm	$30	
Softball Beginner Camp (entering 8th- HS) **Softball Advanced Camp** (8th-HS) June 26-27 – 8:45am-12:30 pm July 17-18 - 8:45-12:30pm	$40	
Football Camp (entering Grade 3-8 in the Fall) July 12-14 – 4pm-6pm	$30	
Sub-Total		
Sub-Total (from academic courses)		
TOTAL		

Paying by Credit Card *(A 3.5% processing fee will be added.)*

Visa/MasterCard Number: _____ Expiration Date: _____ Security Code: _____

Cardholder's Name: _____ Signature: _____ Today's Date: _____

Billing Address: _____ City/State/Zip: _____

Paying by Check or Money Order:

Make checks payable to **La Salle High School**. Send registration and payment to: **La Salle High School Summer Program**
3000 Lightning Way
Union Gap, WA 98903.

(***Be sure to complete both sides of this form if signing up for summer sports camps***.)