

Registration Form



Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Current School: _____

Grade (Fall 08): _____ Age: _____

T Shirt Size: Circle one

Adult: SM, MED, LG, XL, XXL

Youth: SM, MED, LG

Please choose the camp(s) you are registering for (*Camp dates available at www.cnhs.org/summer_camps.asp*):

- Volleyball \$75
- Cheerleading (Ages 6-10) \$75
- Cheerleading (Ages 11-14) \$75
- Soccer Camp Session I \$75
- Soccer Camp Session II \$75
- Football \$75
- Baseball \$100
- Girls Basketball \$100
- Boys Basketball \$75

Total Due: \$ _____

Make Checks Payable to:
CNS Summer Camp

Mail to:
Cardinal Newman School
Attn: Summer Camps
4701 Forest Drive
Columbia, SC 29206

Medical Information

All Cardinal Newman School summer camps strongly recommend a pre-camp physical for every participant, especially those who are not yet required to have a yearly physical for athletic participation by the school systems. This alerts the school staff of any particular medical problems and could prove to be a valuable asset should the need for medical attention arise.

Medical Questionnaire

Allergies _____

Hay Fever _____ Hernia _____

Sensitivity to drugs or medication _____

Name of medications _____

Eye Problems _____

Ear Trouble _____

Asthma or lung problems _____

Chronic skin problems _____

Heart troubles _____

Kidney or Urinary Problems _____

Broken Bones _____ When _____

Previous Medical Problems _____

Describe any serious injury _____

If in the judgment of any representative of any Cardinal Newman Athletic Summer Camp, this participant should need immediate medical care and treatment as a result of injury of sickness, I do hereby request, authorize and consent to such care and treatment by any physician, trainer or camp representative, and do hereby indemnify and save harmless CNS and CNS Athletic Summer Camp representatives from any claim by any person whatsoever on account of such care and treatment of said participant. It is also understood that all medical expenses incurred will be the responsibility of the undersigned and to the CNS Summer Camp

Signature of Parent/Guardian Date

In Case of Emergency

Name: _____

Relationship: _____

Contact Number: _____