

**2018 PANGOS ALL-WEST FROSH/SOPH CAMP  
September 22-23, 2018 @ Westminster HS (Westminster CA)**

**PLAYER REGISTRATION FORM**

(please print)

Name \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (     ) \_\_\_\_\_ e-mail \_\_\_\_\_

Grade 2018-19 \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

GPA \_\_\_\_\_ SAT/ACT Score \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Day Camper \$250 Overnight Camper \$375

Please mail payment (make money orders payable to "All-West Camp") and completed form to:

**Pangos All-West Frosh/Soph Camp, P.O. Box 77906, Corona CA 92877**

**HEALTH AND BEHAVIOR GUIDELINES AND WAIVER OF LIABILITY**

HEALTH INSURANCE CO. \_\_\_\_\_

Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

I understand that any Pangos All-West Frosh/Soph Camp participant who does not abide by the rules, regulations and policies established by the Pangos All-West Frosh/Soph Camp (PAWF/SC) is subject to dismissal without reimbursement or recourse and I hereby waive and release the PAWF/SC and the Cerritos College (CC) from any and all liability for any injury or illnesses while participating in the camp. I hereby authorize the directors of the PAWF/SC and CC to act according to their best judgment in any emergency if I cannot be contacted. I understand that each camp participant is required to have their own medical and accident insurance. I also understand that the PAWF/SC retains the rights to use for publicity and advertisements purposes, photographs of camp participants.

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SIGNATURE OF PARENT OR GUARDIAN