

2019 PANGOS ALL-WEST FROSH/SOPH CAMP
September 21-22, 2019 @ Lynwood HS (Lynwood CA)

PLAYER REGISTRATION FORM

(please print)

Name _____ School _____

Home Address _____

City _____ Zip Code _____

Phone () _____ e-mail _____

Grade 2019-20 _____ Height _____ Weight _____

GPA _____ SAT/ACT Score _____

Parent/Guardian _____

Please Circle One: 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 Lynwood HS (LHS) 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 LHS 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.

SIGNATURE OF PARENT OR GUARDIAN