

# REACH 4 THE SKY

## SOUTH SUBURBS OF CHICAGO SUMMER ALL-STAR FOOTBALL CAMP

BRING REGISTRATION FORM TO: CAMPSITE REGISTRATION TABLE; OR  
YOU MAY ACCESS ANY NEEDED FORMS ON OUR WEBSITE AT: [reach4thesky.org](http://reach4thesky.org) and  
return it to Wyatt & Katie Koszyk at: 1358 Ridge Road, Homewood, IL 60430

### REGISTRATION FORM

**All Registration Information:** To be completed by the camper's Parent/Guardian. This form must also be signed before campers may participate.

Camper's Name: \_\_\_\_\_  
Camper's Height: \_\_\_\_\_ Camper's Weight: \_\_\_\_\_  
Age the day the camp begins: \_\_\_\_\_ 2008-2009 Grade level: \_\_\_\_\_ School: \_\_\_\_\_  
Camper's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Parent's Email: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Home:( ) \_\_\_\_\_ Other:( ) \_\_\_\_\_  
\_\_\_\_\_

#### Medical Insurance Information:

**I DO NOT** have medical insurance that covers my son/daughter and I agree to be fully liable for any and all medical cost incurred for treatment

**I DO** have medical insurance for my son/daughter and I agree to still be responsible for any and all costs that my medical insurance does not cover

Allergies: \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, What? \_\_\_\_\_  
Asthma: \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that my child has been examined by a physician and found to be in good health and able to compete in all camp activities without restriction. I authorize the Directors of Reach 4 The Sky football camp to act for me according to their best judgment in an emergency requiring medical attention.

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_