

REGISTRATION INFORMATION

Name: _____ Grade Level: _____

Address: _____ City: _____

Zip: _____ Email: _____

Phone: _____

T-Shirt Size:

Youth or Adult (Check One)

_____ **Small** _____ **Medium** _____ **Large** _____ **X-Large** _____ **XX-Large**

I hereby agree to indemnify and hold harmless the Tracy Booster Club, Tracy Public Schools and their officers and employees and community organization co-sponsoring this program and camp staff and speakers from and against any and all liability form and against any injury which may be suffered by myself or my child, arising out or in any way connected with participation in the program named above.

I recognize and understand that there may be risks of injury to me or my child as a participant in this program and I agree to accept those risks of injury to me or my child as a participant in this program and I agree to accept those risks in registering my child or myself as a participant. My signature indicates that I am aware of an understand how this program will be conducted. I further understand that **NO REFUNDS WILL BE GIVEN** unless the activity is cancelled.

Make checks payable to:
THS Skills Camp

Please return completed registration form to:

**Matthew Shrout
Tracy High Football
315 E. 11th Street
Tracy, CA 95376
Work: 830-3200 X 2081
Email: mshrout@tusd.net**