LACES: Leadership Academy for your Competitive Edge

REGISTRATION FORM

PARTICIPANT INFO:

Name: _____ DOB :_____

Address:_____ City:_____

State:_____ Zip Code:_____

Phone:_____ Email:_____

Grade Entering Fall 2017 :_____ School :_____

PARENT/GUARDIAN INFO:

Name(s) :_____

Email:_____ Phone :_____

Pinnie Size : ___ Small ___ Medium ___ Large ___ X-Large

WAIVER OF LIABILITY

I, the undersigned, hereby verify that I am a parent or legal guardian of the applicant. I hereby grant permission to the applicant to attend the LACES Camp and to be treated by a licensed physician or member of the school's training staff in the event of any injury, accident, or illness during the clinic.

The undersigned applicant understands that they will be engaging in physical activity during the camp that contains inherent risk of physical injury.

I, the undersigned, for myself, my heirs, executors, and administrators, waive, release and forever discharge Augsburg College and the LACES Camp and its staff, officers, agents, employees, representatives, successors, and assigns from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation in camp activities while at the clinic.

CAMP REFUND POLICY

There is a $50 cancellation fee if you cancel before 2 weeks of camp. There will be NO refunds issued if notice is given WITHIN 2 weeks of camp. Camp staff is based upon enrollment; therefore refunds will not be issued for any reason within 2 weeks of the start of camp.

I understand and accept all of the separate event refund policies and/or waiver agreements above

_____ Parent/Legal Guardian Initials

Please mail along with payment to: Kathryn Knippenberg
2211 Riverside Ave CB 313
Minneapolis, MN 55454