

# City of Fairhope Summer Sports Camps

Cost is \$60 per camp per child

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Other phone: \_\_\_\_\_

In case of emergency please notify: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Information:**  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physical Disabilities/Allergies: \_\_\_\_\_  
Current medications: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Camp \_\_\_\_\_ Dates \_\_\_\_\_

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**Release Authorization:**  
I hereby release the City of Fairhope, Baldwin County Board of Education and Pirate Club staff and volunteers from all claims for damages arising from accidents or injury which are caused or arise from participation of the child names above during any activity or at any location where Pirate Club activities are held. I also authorize Pirate Club staff to secure anesthetic, medical or surgical diagnosis or treatment and hospital care for my child under general or special supervision and on the advice of a duly licensed physician or surgeon.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_