

EfL Registration Form

Student's Name _____

Birthdate / Grade as of 2017/18 School Year _____

Parent / Guardian Name _____

Primary Phone _____

Work Phone _____

Alt Phone _____

Address _____

City, State _____

Zip Code _____

Email Address _____

Class Code	Class Name	Date(s)	Fee Total
Amount Enclosed			

Credit Card Visa MasterCard Discover American Express Security Code _____

Credit Card Number _____ Exp. Date _____

Make checks payable to **Portage Public Schools**

PPS Enrichment office: 8107 Mustang Drive, Portage, MI 49002
269-323-6700 • www.ppscommmed.org

*Football Camp ONLY

Offensive Position _____

Defensive Position _____

Youth: S M L Adult: S M L

ALL Kingdom Sports

T-Shirt Size (Please check one)

Required Information for all Sports Camps

I certify my child is in good physical health and has my permission to participate in all activities. I authorize diagnostic, surgical, medical and hospital procedures as prescribed by a physician. If I cannot be reached in an emergency, neither I nor my child will bring any claims of any kind against the camp, owner, staff, instructors, or sponsors as a result of any injuries, expenses or damages that I or my child suffer in connection with participation in the program(s).

Parent/Guardian Signature: _____

Yes No I also authorize the camp to have and use photographs or video tapes of my child as may be needed for its public relations programs.

Primary Contact During Class:

Contact Name _____

Contact Phone _____

Medical Information of Participant:

Physician or Group Name _____

Physician/Group Phone _____

Medical Insurance Company Name: _____

Is there anything the instructor should know about your child? _____

