

2011 CITY HIGH "CAMP OF CHAMPS"

REGISTRATION FORM

Name _____

Parent (s) Names _____

Address _____ Zip _____

Home Phone _____

Work/Emergency Phone _____

2010-2011 Grade _____ Age _____

T-shirt Size – Adult Sizes Only

S M L XL XXL (circle one)

Total Fees Enclosed \$ _____

Checks should be made payable to City High School

*Any student not a resident of the ICCSD will be assessed a \$5.00 facility fee. Students eligible for free or reduced lunches qualify for half-tuition.

I (We) understand that accidents may occur in athletics even though normal acceptable safety precautions have been taken. My son/daughter has my permission to participate in the City High Sports camps.

Parent/Guardian Signature

Date

**Mail To:
City High Sports Camps
1900 Morningside Drive
Iowa City, Iowa 52245**