

Life Skills Sports LLC

Summer Camp 2023

[Life Skills Sports Camp](#)

The North Shore's premier sports camp for exceptional young individuals.

PARENT CONSENT FOR PARTICIPATION, ASSUMPTION OF RISK & RELEASE

Please read this form carefully. Participation in programs and activities for which your child is being registered, like participation in all recreational activities, includes certain risks which cannot be entirely eliminated despite due care exercised by *Life Skills Sports* staff.

Please take a moment to provide the following information:

- County you live in? _____
- Does your child have allergies or other health concerns? _____
- How did you hear about us? _____:
- Does your child have a 504 Plan or IEP? _____
- Parent's Phone Number (###-###-####): _____
- Parent's Email Address: _____
- Emergency Contact Name (first, last): _____
- Emergency Contact Phone (###-###-####): _____

I give *Life Skills Sports LLC* permission to use my child's image, voice, name, and/or projects in campwide communications and social media platforms.: _____

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552 Exmoor Road, Kenilworth, IL 60043 | lifeskillssports11@gmail.com

EIN Number: 93-1490112

I hereby give my consent for my child to participate in agreed upon extra-curricular & co-curricular life skill coaching, athletic, and other recreational activities and professional services offered by *Life Skills Sports*. I understand that appropriate precautions are taken to protect participants in such programs and activities. However, I also recognize and acknowledge that there is a degree of risk that my child may sustain personal injury, illness, or damage to property in the course of participating in such programs and activities, and that *Life Skills Sports* cannot guarantee risk-free recreational experiences to participants. I nonetheless wish for my child to participate in such programs and activities, and accordingly consent to his/her participation and agree to assume any and all risks and dangers associated with such participation. I hereby fully release *Life Skills Sports* from any and all claims for injury, illness, disease, damage, or loss which I may have or which may accrue on account of my child's participation in this camp's services.

Student Name: _____ **Student D.O.B.** __/__/_____

Parent/Guardian Acknowledgment and Agreement

Parent/Guardian Signature

Date

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