

This camp is reserved for	Sedalia S	chool [District	studer	nts only.
Shirt Size (check one): YS YN	YL	AS	AM	AL	AXL
Name					
Phone #	Eme	rgency	y Conta	ct:	
Parents' Name:		_	ool		
Medical History (list any and a			f need to	be awa	are of)
(I/We) the parents ofher participation in any and all activities of is physically able to participate in the came school are not responsible for accidents re of personal items. Parent/Guardian Signature Date	the S-C Tige activities. (I sulting in med	ers Softba /We) unde ical expens	ıll Camp and erstand tha	d acknowle t the S—C	dge that she staff and