

HOFSA DAY CAMP

APPLICATION 2021

**There are no refunds

Childs Name: _____

Mailing Address: _____

Emergency Phone # _____

Child's Date of Birth: _____

School: _____

Grade on September 1, 2021 _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

T-shirt Size (list adult or youth) _____

**Make checks payable to: HOFSA Sports Camps

Mail to: Hall of Fame Sports Academy

14604 W. Fairmount Ave

Goodyear, AZ. 85395

I hereby authorize the staff of Hall of Fame Sports Academy to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the HOFSA Camp from any and all liability for any injuries or illness that incurred while at the camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program.

Parent/Guardian Signature Required: _____ Date: _____

Any questions or concerns please contact Paul Marron @360-9424