

Pleasant Valley High School  
2017 Track Camp Registration Form



Date: June 12-15 Time: 9:45-11:45 AM

Ages: Boys & girls entering (Grades 4-8) in fall of 2017

Location: Pleasant Valley High School Track

Cost: \$50 (includes t-shirt, snacks, & prizes) NON-REFUNDABLE.

Please make check payable to Pleasant Valley High School and include with this registration form.

Registration is due by June 9<sup>th</sup>.

Registration Available Online: [https://pleasval.revtrak.net/tek9.asp?pg=athletics\\_](https://pleasval.revtrak.net/tek9.asp?pg=athletics_)

Athlete Name: \_\_\_\_\_ Age \_\_\_\_\_

Grade Level, Fall 2017: \_\_\_\_\_ Current School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

If unable to reach parent/guardian, in case of an emergency, contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please circle one T-shirt size for camp t-shirt.**

Youth L                      Adult S M L XL

**Medical Information/Release**

Does the athlete have any medical conditions we need to be aware of?      Yes      No

If yes, please explain: \_\_\_\_\_

I authorize the Track coaches at the Pleasant Valley High School Track camp to act for me according to their best judgment in an emergency requiring medical attention, and I release Pleasant Valley Track coaches as well as Pleasant Valley High School from any and all liability for injuries, illnesses, or lost property incurred while the above named athlete is at camp. I have no knowledge of any physical condition that would be affected by the above named athlete's participation in the camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send your camp registration to:

Mrs. Kim Meyer Attn: Track Camp  
Pleasant Valley High School Athletic Department  
604 Belmont Rd, Bettendorf, IA 52722

For additional questions, please call Pleasant Valley High School, 563-332-5309.