

MILL SPRINGS ACADEMY

INSTRUCTIONS: Complete the application/waiver and send it to the address below with a \$50 non-refundable application fee or register online. **Applications must be received by May 15, 2012** and all checks need to be made out to Mill Springs Academy.

Mill Springs Academy

OR

Register Online

Attn: MSA Sports Camps

www.millsprings.org

13660 New Providence Road

Athletics/2012 Summer Sports Camps

Alpharetta, GA 30004

Name: _____ Grade: _____ Age: _____

Mailing Address: _____

City & State: _____ Zip: _____

E-mail Address (Mother's) _____

Mother's Phone: Home _____ Work: _____ Cell: _____

E-Mail Address: (Father's) _____

Father's Phone: Home _____ Work: _____ Cell: _____

Parent's Names: _____

Amount Enclosed: _____ Check #: _____

Credit Card: Master Card or Visa

_____ Exp: _____ 3 Digit code: _____

Signature: _____

WAVIER OF CLAIMS: I, as a parent or guardian, hereby give permission for my child to participate in Mill Springs Academy's sports camp program. I have and do hereby assume all risks and will forever indemnify, hold harmless, and covenant not to sue Mill Springs Academy, its employees, directors, and members from any and all liability, actions, causes of action, debts, claims, demands or other liability of every kind and nature whatsoever which may arise from or in connection with my child's participation in any activity at Mill Springs Academy, whether caused by ordinary negligence or otherwise. I authorize the coaches/staff to act for me according to their best judgment in any emergency requiring medical attention. I also give permission for Mill Springs Academy or any medical personnel to treat my child in the event of an emergency and administer PRN medication if needed. I acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my son or daughter. I hereby waive any claim I might have against Mill Springs Academy and its staff. I also understand that by submitting this form we are committing to paying the full payment for the cost of the sport.

Signature of Parent or Guardian _____ Date: _____

GRADES 6-12

\$325 PER SESSION

CHECK THE SPORTS BELOW WHICH YOU WILL BE ATTENDING:

Basketball _____

Golf _____

Baseball _____

Soccer _____

Cheer _____

Lacrosse _____

Wrestling _____

Tennis _____

Strength & Conditioning _____

Track _____

Volleyball _____

For further information contact Jennifer Kramer jkramer@millsprings.org or 678.893.7791