

**LEADERSHIP AND ADVENTURE (LEAD) CAMP  
CLOVER HIGH SCHOOL REGISTRATION FORM**

PARTICIPANTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMERGENCY CONTACT NUMBER: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

AGE \_\_\_\_\_ SHIRT SIZE (CIRCLE): YS, YM, YL, AS, AM AL, AXL, AXXL

EMAIL ADDRESS: \_\_\_\_\_

*WAIVER: I understand that I will provide and pay for all medical treatment for my child and will not hold Clover H.S. or camp staff responsible for injuries incurred by my child while at camp.*

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**\* REGISTER NOW! SPACE IS LIMITED\***

**\* CHECKS SHOULD BE MADE OUT TO CLOVER HIGH SCHOOL; COST IS \$75\***

PLEASE MAIL YOUR COMPLETED REGISTRATION FORMS TO:

MAJOR BRIAN BATSON  
CLOVER HIGH SCHOOL  
AIR FORCE JROTC  
1625 HWY 55 EAST  
CLOVER SC, 29710

Please complete Fitness Consent Form with Registration Form.

Additional Information: Major Batson's work telephone: 803-810-8978; Clover HS main phone line: 803-810-8200; Major Batson's cell phone: 210-382-4646