



### **Camper's Information**

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_-\_\_\_\_-\_\_\_\_ Age \_\_\_\_ Male or Female

Shirt Size (circle one): YS YM YL AS AM AL

Camper's Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Camper's school: \_\_\_\_\_

### **Parent or Guardian Information**

Please list the parent or guardian who is responsible for enrolling camper at Sports of All Sorts Summer Camp.

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Known Allergies: (i.e. Food, Bee Stings, Air Borne)

\_\_\_\_\_

E-Mail Address (for quicker registration confirmations)

\_\_\_\_\_

Address if different from Camper \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Select Option:**

Option 1 (9:00 a.m.-3:00 p.m.) \$160 per week per child

Option 2 (7:30 a.m.-5:30 p.m.) \$175 per week per child

Option 3 (7:30 a.m. -5:30 p.m.) \$ 55 per day, 3 day minimum

\*Discount for 2 or more campers when selection Option 2

\*\$5 late fee for every 5 minutes past pick up time (based on option selected)

**Select Camp Weeks (must select at least 2 weeks):**

May 30 - June 2

July 10 - July 14

June 5 - June 9

July 17 - July 21

June 12 - June 16

July 24 - July 28

June 19 - June 23

July 31 - August 4

June 26 - June 30

August 7 - August 11

July 3 - July 7 \*no camp on July 4

**List All Persons that will be dropping off or picking up camper:**

Name: \_\_\_\_\_ relationship to camper: \_\_\_\_\_

Name: \_\_\_\_\_ relationship to camper: \_\_\_\_\_

Name: \_\_\_\_\_ relationship to camper: \_\_\_\_\_

Name: \_\_\_\_\_ relationship to camper: \_\_\_\_\_

**FINANCIAL POLICY / MEDIA RELEASE / WAIVER/EXCLUSION CLAUSE (please read carefully and sign below)**

I, the parent/guardian/participant, in consideration of being allowed to participate in any way do so at his/her/my own risk. Sports of All Sorts, its board of directors, staff and agents, shall not be liable for any damages whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about any programs provided by Sports of All Sorts. I acknowledge that I am aware of the risks inherent in participating in such programs and understand that they may require physical exertion; and could potentially lead to injuries that may cause permanent disability and/or death. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs and on any premises that Sports of All Sorts uses. He/she/I do or does hereby fully and forever release, discharge and hold harmless Sports of All Sorts, all associated facilities and its owners, employees and agents from any and all claims, demands, damages, right of action, present or future resulting from or arising out of any person's participation in any programs. Also, waiver all rights to any photos taken for use in any Sports of All Sorts publication. I understand that my \$50 deposit is non refundable and is required to reserved space. All Additional fees paid are nonrefundable and are based upon weekly participation. Parents must pay for two weeks at a time in advance for selected weeks.

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