



Summer 2010 Sports Camp APPLICATION

| STUDENT INFORMATION | | | | | |
|--|--------------------------------------|---------------------------------------|--|--|--|
| Name: _____ | | | | | |
| School: _____ | Grade: _____ | Age: _____ | Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> | | |
| Shirt Size: Youth Large <input type="checkbox"/> | Adult Small <input type="checkbox"/> | Adult Medium <input type="checkbox"/> | Adult Large <input type="checkbox"/> | Adult X Large <input type="checkbox"/> | |

| PARENT INFORMATION | | |
|--|---------------|-------------------|
| Mother: _____ | Father: _____ | |
| Address (child's primary address): _____ | | |
| City: _____ | State: _____ | Zip: _____ |
| MOTHER PHONE | FATHER PHONE | EMERGENCY CONTACT |
| Home: _____ | Home: _____ | Name: _____ |
| Work: _____ | Work: _____ | Relation: _____ |
| Cell: _____ | Cell: _____ | Phone: _____ |

| MEDICAL INFORMATION | |
|---|-----------------|
| Insurance: _____ | Policy #: _____ |
| Medical Conditions (if any): _____ | |
| List Medications (if any): _____ | |
| NOTE: By signing the area below, you authorize ESCS Summer Sports Camp to call for medical attention if needed for your child. | |
| X _____ <i>"I understand the note above and hereby authorize ESCS Summer Sports Camp to call for medical attention if so needed."</i> | |

| WAIVER RELEASE | |
|--|----------------|
| <i>"I consent for my minor child to participate in the ESCS Sport Camp program. I understand that all reasonable safety precautions will be taken by the leaders of this activity, but acknowledge that participation in athletics carries with it a risk of physical injury. I agree not to hold ESCS Sports Camp, its employees, or volunteers, liable for injuries incurred by the minor child listed on this form, resulting directly or indirectly from my child's participation in the ESCS Sports Camp at any time preceding, during, or after camp is in session. I hereby discharge ESCS Sports Camp, its employees and volunteers from all actions, claims, and demands I, or my child, may have for any such injury."</i> | |
| Parent or Guardian Signature | X _____ |

| EXTENDED CARE | | | |
|-----------------------|--|---|---|
| \$4 per hour / child: | Before Camp (7am – 9am) <input type="checkbox"/> | After Camp (3pm – 6pm) <input type="checkbox"/> | Both Before / After Camp <input type="checkbox"/> |

| CAMP FEES | | | | | | |
|--|---|--|---|---|---|---|
| Weeks Attending: | Week 1 <input type="checkbox"/> June 28-July 2 | Week 2 <input type="checkbox"/> July 5-July 9 | Week 3 <input type="checkbox"/> July 12-15 | Week 4 <input type="checkbox"/> July 19-23 | Week 5 <input type="checkbox"/> July 26-30 | Week 6 <input type="checkbox"/> August 2-6 |
| \$750 for 6 weeks (fees include field trips, camp t-shirts, and lunch daily) *Family Discount: 10% off 2 nd child, 15% 3 rd | | | | | | |
| DEPOSIT: \$50 due at time of registration. Deposit is non-refundable. To ensure your child's spot in camp, balance must be paid on or by the first day of camp. | | | | | | |
| Amount Paid: _____ | | | | Check #: _____ | | |

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|---|
| OFFICE USE ONLY (remaining balance): _____ |
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