



2013 WINTER BREAK CAMP REGISTRATION

PLEASE COMPLETE AND EMAIL OR MAIL BACK
(REGISTRATION IS ON A FIRST COME, FIRST SERVED BASIS)

Camp Participation Fee: ONLY \$50. per camper, per session Regular Camp Hours (8:30am - 4pm)
 Session #1: 12/23 & 24 Session #2: 12/26 & 27 Session#3: 12/30 & 12/31 Session #4: 1/2 & 3
Extended Hours Options "One Time Fee" (#1 7:30am - 8:30am) (#2 4pm - 5:30pm) (\$20. one / \$30. both sessions)
Administrative Deposit fee: (\$10. per application, per camper) **Total Camp Fee : \$** _____

(Please print) CAMPER NAME (Mr. / Ms). _____ AGE _____ GRADE _____

HOME ADDRESS (STREET, CITY, ZIP CODE)

PARENT NAME _____ EMPLOYER/PHONE: _____ / _____

PARENT NAME _____ EMPLOYER/PHONE: _____ / _____

PERSONAL CELL PHONE () _____ EMAIL: _____

CAMPERS DOCTOR (Name/Phone#) _____ / () _____

HEALTH INSURANCE (Name/Phone#) _____ / () _____

CAMPER INFO STAT SHEET Check off what best describes your camper so as we can offer the best experience possible.

Intramurals & Team Sports	Arts & Crafts	Computers/Board Games	Dance/Theater
(<input type="checkbox"/> Likes <input type="checkbox"/> Dislikes)	(<input type="checkbox"/> Likes <input type="checkbox"/> Dislikes)	(<input type="checkbox"/> Likes <input type="checkbox"/> Dislikes)	(<input type="checkbox"/> Likes <input type="checkbox"/> Dislikes)

Swimming Ability	Allergies or Medications (if any, please list)
(<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Good <input type="checkbox"/> Strong)	_____

EMERGENCY CONTACT (Name/Phone) _____ / () _____

CAMPER PICK UP AUTHORIZATION LIST (Please list people besides "Listed Parents" that are allowed to pick up camper.)
 _____ / _____ / _____ / _____

I, named guardian of above listed camper candidate for 2013 CAMP, hereby give my approval for my child to participate in any and all 2013 CAMP activities, including transportation to and from the facility. This includes walking and auto transport. All campers must follow established Code of Conduct policy as instructed by staff for the safety of all participants. I, know that participation in 2013 CAMP is a contact event and could result in serious injuries and protective equipment or rules does not prevent all injuries to campers, and do hereby waive, release, absolve, indemnity and agree to hold harmless the local facility, the organizers, sponsors, supervisors, participants, referees and persons from activities for any claim arising out of any injury to me or my guests whether the result of negligence any other cause. In addition, I drive and park my own transportation vehicle at my own risk while participating in 2013 CAMP. I agree to sign in and sign out my child each day unless agreed by Director. I, hereby give our consent to any duly licensed physician or hospital for any necessary emergency treatment if an accident should occur during practice or games. I, herby consent for the authorized medical treatment and signed hospital forms required to permit any hospital treatment, if accident happens. I, herby consent and release for any photographs or video made by any party during participation, and I, herby agree to the 2013 CAMP recognized and established non refund policy and only credit towards future play for medical reasons with note.

ADULT SIGNATURE _____ SIGNATURE DATE _____

UNIFORM SIZING (CIRCLE SIZE) CAMP T-SHIRT YS YM YL AS AM AL AXL 2XL

Official Use:

Mail: PO Box 146 Lake Worth, FL 33460 Phone: (561) 801-2418 Email: funsports@live.com

Please note that deposits are non refundable and a \$100. fee will be charged if camp is canceled due to field trip contact demands.