



SUMMER CAMP REGISTRATION

_____ Week 1: June 5–9
 _____ Week 3: June 19 – 23
 _____ Week 5: July 3 – 7
 _____ Week 7: July 17 – 21
 _____ Week 9: July 31 –
 Aug 4

_____ Week 2: June 12 – 16
 _____ Week 4: June 26 – 30
 _____ Week 6: July 10 – 14
 _____ Week 8: July 24 – 28
 _____ Week 10: Aug 7 – 11

Participant Name _____ Age _____

DOB _____ / _____ / _____ School _____ Grade _____

Mailing Address _____

City _____ State _____ Zip _____ T-shirt Size _____

Parent/Guardian (1) _____ Email _____

Parent/Guardian Home Number _____ Cell/Work _____

Parent/Guardian (2) _____ Email _____

Parent/Guardian Home Number _____ Cell/Work _____

Person responsible for transportation to/from Camp _____

Relationship to participant _____ Contact Number(s) _____

In case of emergency, and parent/guardian CANNOT be reached, who should be contacted?

Name _____ Relationship _____

Phone Number(s) _____

PEDIATRICIAN/PHYSICIAN _____ Phone _____

Please list any current medical conditions/injuries/limitations that we should be aware of:

List ALL allergies, emergency precautions, emergency medications or current medications:

I _____ understand that payment is due at the beginning of the current week. Any payment made after Tuesday of the current week is considered late and Central Florida Athletics will apply a late charge of \$10 to my account. I also acknowledge that pick-up is 6:00pm and Central Florida Athletics will charge my account \$1 for every minute that I am late picking up my child/children. Parent Initials _____

I also understand that my child/children must wear the Central Florida Athletics Summer Camp t-shirt for all field trips. I understand that if I have signed up my child/children for a field trip and they do not have their Central Florida Athletics t-shirt on the day of the field trip, they will be unable to participate in the field trip and I will not receive a refund of any monies paid for that trip. All field trips are non- refundable. Parent Initials__

I have been given a list of rules and procedures for summer camp. Parents Initials_____

Name of parent or guardian_____

Signature_____Date_____

As parent/guardian of the above athlete, I agree that the above information is true and accurate

Parent signature **date**

