Child Registration Form

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First Name Initials

Date of Birth (mm/dd/yyyy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address City Postal Code

MCP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/Medications/Health Problems:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(W):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(C):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver**

I (parent) and (2nd parent If applicable), verify that the above information provided above for (child) to be accurate to the best of my knowledge. I have included everything that may cause a problem including ALL medications and conditions.

In the event of a non-life threatening emergency and I cannot be contacted, I hereby give permission to medical personal selected by the camp director to order x-rays, routine test, and treatment for my child. Also, in the event that I can not be reached in an emergency, I herby give permission to a physician selected by the program director to hospitalize, order injections and/or anesthesia and/or surgery for my child.

Parent signature  Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Week # | Date | Amount Paid | Receipt # | Method of Payment |
| Week |  | Register √ | Cost | Sport |
| 1 | June 26 to June 30 |  | $150 | Soccer |
| 2 | July 3 to July 7 |  | $150 | Baseball |
| 3 | July 10 to July 14 |  | $150 | Football |
| 4 | July 17 to July 21 |  | $150 | Ultimate Frisbee |
| 5 | July 24 to July 28 |  | $150 | Baseball |
| 6 | July 31 to Aug 4 |  | $120 | Lacrosse |
| 7 | Aug 7 to Aug 11 |  | $150 | Soccer |
| 8 | Aug 14 to Aug 18 |  | $150 | Multi-Sport |
| 9 | Aug 21 to Aug 25 |  | $150 | Multi-Sport |
| 10 | Aug 28 to Sept 1 |  | $150 | Multi-Sport |

Avalon Sports Camp **Emergency Contact Form**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give permission for the following individuals to be contacted in the event of an emergency, where an above parent/guardian is unable to be reached.

 Name Contact number Relation to child/family

1 \_\_\_\_\_\_

2

3

Avalon Sports Camp

Pick-up and Drop off form

Please fill out all parts of this form.

Please check the boxes that are appropriate

□ I will pick up and drop of my child (ren) each day in person

□ I will pick up and drop of my child (ren) or have someone list below come and pick them up and drop them off.

□ I give my child permission to walk to and from camp on his or her own

Please provide a list of adults or person who is allowed to pick up your child from camp

Name Contact number Relation to child/family

1

2

3

4

5

Parents signature Date

Parent (2nd) Signature Date

Avalon Sports Camp

Activity information and permission

Avalon Sports Camp offers many different activities and programs. Your child may be involved in basketball, soccer, rugby, flag football, swimming, nature walks, and outdoor venture. Also, Avalon Sports Camp will have day trips to various venues within the city.

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| --- |
|  |

As you already know, safety is a major priority while your child is at camp. We have taken every safety precaution to offer these programs to your child be we do realize that accidents happen. As the parent or guardian you have the right to request your child not be involved in a given activity. We would appreciate if the parent(s) of the child would indicate below if they would like their child to refrain form a given activity.

Campers Name has permission to participate in ALL activities and events while at Avalon Sports Camp that are suited for your child’s age and ability.

I do not wish to have participate in the following activities listed but my child may participate in activities appropriate for my Childs age and ability.

**For Office Use only**

Date Received Processed by

Form Complete YES / NO