



Week #	Payment Date	Amount Paid	Method
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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	Dates	Register ✓	Cost
1	July 2 to July 6		\$150
2	July 9 to July 13		\$150
3	July 16 to July 20		\$150
4	July 23 to July 27		\$150
5	July 30 to Aug 3		\$120
6	Aug 6 to Aug 10		\$150
7	Aug 13 to Aug 17		\$150
8	Aug 20 to Aug 24		\$150
9	Aug 27 to Aug 31		\$150

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.

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 but 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 from 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