



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 \_\_\_\_\_ (2<sup>nd</sup> 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 5		\$120
2	July 8 to July 12		\$150
3	July 15 to July 19		\$150
4	July 22 to July 26		\$150
5	July 29 to Aug 2		\$150
6	Aug 5 to Aug 9		\$120
7	Aug 12 to Aug 16		\$150
8	Aug 19 to Aug 23		\$150
9	Aug 26 to Aug 30		\$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 (2<sup>nd</sup>) 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