



Summer 2016 Sports Camp APPLICATION

STUDENT INFORMATION					
Name:					
School:	Grade:	Age:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Shirt Size:	Youth Large <input type="checkbox"/>	Adult Small <input type="checkbox"/>	Adult Medium <input type="checkbox"/>	Adult Large <input type="checkbox"/>	Adult X Large <input type="checkbox"/>

PARENT INFORMATION		
Mother:		Father:
Address (child's primary address):		
City:	State:	Zip:
MOTHER PHONE	FATHER PHONE	EMERGENCY CONTACT
Home:	Home:	Name:
Work:	Work:	Relation:
Cell:	Cell:	Phone:

MEDICAL INFORMATION	
Insurance:	Policy #:
Medical Conditions (if any):	
List Medications (if any):	
<p>NOTE: By signing the area below, you authorize ESCS Summer Sports Camp to call for medical attention if needed for your child.</p> <p>X _____</p> <p><i>"I understand the note above and hereby authorize ESCS Summer Sports Camp to call for medical attention is so needed."</i></p>	

WAIVER RELEASE	
<p><i>"Acknowledging that participation in athletics carries with a risk of physical injury, I agree that ESCS Sports Camp, its employees and volunteers shall not be liable to me or my child for any such injury or damage, howsoever caused, resulting directly or indirectly from my child's participation in the ESCS Sports Camp at any time preceding, during, or after camp is in session and I hereby discharge ESCS Sports Camp, its employees and volunteers from all actions, claims, and demands I or my child may have for any such injury."</i></p>	
Parent or Guardian Signature	X _____

EXTENDED CARE		
\$4.25 per hour	Before Camp (7am – 9am) <input type="checkbox"/>	After Camp (3pm – 6pm) <input type="checkbox"/>
	Both Before / After Camp <input type="checkbox"/>	

CAMP FEES						
Weeks Attending:	Week 1 <input type="checkbox"/>	Week 2 <input type="checkbox"/>	Week 3 <input type="checkbox"/>	Week 4 <input type="checkbox"/>	Week 5 <input type="checkbox"/>	Week 6 <input type="checkbox"/>
	June 27-July 1	July 5-8	July 11-15	July 18-22	July 25- 29	Aug 1-5
6 weeks: \$800.00 5 weeks or less \$150.00 per week (3 week min)				*Family Discount: 10% off 2 nd child, 15% 3 rd		
<p>DEPOSIT: \$150.00 due at time of registration. To ensure your child's spot in camp, balance must be paid on or by the first day of camp. Deposit is non-refundable after June 15, 2016</p>						
Amount Paid:				Check #:		

OFFICE USE ONLY (remaining balance):
