

Summer Camp 2009

Registration Form

Please print. One registration form per child. Hard copy required - no phone or fax registrations will be accepted.

Child's Name: _____ D.O.B.: ____/____/____ Age: ____ Sex: M F

Grade as of September 2008: _____ Home Phone: (____) _____ - _____

Address: _____

Town: _____ State: ____ Zip: _____ Email: _____@_____.____

Mother's Name: _____ Work Phone: (____) _____ - _____

Father's Name: _____ Work Phone: (____) _____ - _____

Cell or Other Emergency Number: _____

In Case of Emergency Please Call:

_____ Phone: (____) _____ - _____

_____ Phone: (____) _____ - _____

How did you hear about Sport & Wellness Camp: _____

PARENT PICK-UP AUTHORIZATION

Please list up to five people who are authorized to pick up your child at our facility. Don't forget to list yourself if you will be picking up your child. For your child's protection, we will require picture identification each and every time and will only release your child to one of the people named below.

Participant's Name: _____

Authorized to Pick Up: _____ Phone: _____

NOT Authorized to Pick Up: _____ Phone: _____

Parent/Guardian's Signature: _____ Date: _____

PHOTO RELEASE

Sport & Wellness regularly takes pictures during our programs and uses these photos in promotional material. I understand that my child may be photographed during a program at Sport & Wellness and that photo may be used for promotional material.

Signature

_____/_____/____

Date