SPORTS CAMP APPLICATION
For Rookie and Major League

This application is for (Please check one) _____ Rookie Camp _____ Major League

Camper's Information:

Name _____

Mailing Address _____ City _____ Zip _____

Grade (Fall '10) _____ Home Phone _____

FULL SESSION: _____ Yes, please enroll my child in the full 2-week Sports Camp checked above. The session runs from June 7-18 and the cost is $480.00. Enclosed is a non-refundable deposit of $240.00 and I understand that the balance of $240.00 is due on the first day my child attends camp. I further understand that missed days may not be made up nor are they refundable.

PARTIAL SESSION: _____ Yes, please enroll my child for the week(s) that I have checked below:

_____ June 7-11 _____ June 14-18

I understand the cost to be $240.00 per week. Enclosed is a non-refundable deposit of $120.00 per week. Understand that the balance is due on the first day that my child attends camp. I further understand that missed days may not be made up nor are they refundable.
I understand that the camp will run daily, Monday through Friday, from 9:00 a.m. until 3:00 p.m. I also understand that I must provide my child with his/her own lunch and timely transportation to camp in the morning and from camp in the afternoon. I have read the late pickup policy and agree to pay any late pickup charges which are incurred after 3:15 p.m.

Total enclosed for Sports Camp $_____

MEDICAL INFORMATION

Parent's Name _____ Phone _____

Parent's Name _____ Phone _____

Allergies _____ Medication(s) _____

Emergency Name _____ Phone _____

Preferred Physician _____ Phone _____

Preferred Hospital _____

Other pertinent information: _____

In case of any emergency, I grant permission for my child to be treated by medical providers and agree to pay all expenses for such treatment.

_____ _____
Signature of Parent/Guardian Date