

Sports & I.T. Summer Camp - Registration

July 17, 18, 19 – 1:30PM to 5PM

NAME OF CHILD		AGE	BOY/ GIRL
NAME OF PARENT/ GUARDIAN		CONTACT NUMBER	
PARENT'S/ GUARDIAN'S ADDRESS		DOES CHILD LIVE WITH PARENT/ GUARDIAN? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF NO, WHAT IS CHILD'S ADDRESS?			
EMERGENCY CONTACT NAME		EMERGENCY CONTACT NUMBER	
EMERGENCY CONTACT ADDRESS		RELATION TO CHILD?	

DOES YOUR CHILD SUFFER FROM ANY ILLNESS, ALLERGIES, OR DISABILITIES THAT WE SHOULD BE AWARE OF? IF YES, PLEASE GIVE DETAILS BELOW.

YES NO

WHAT SPORTS DOES YOUR CHILD PARTICIPATE IN OR ENJOY?

I AM AWARE THAT THE ACTIVITIES & EXERCISES INVOLVED IN THIS CAMP ARE SOMETIMES OF A PHYSICAL NATURE AND THEREFORE ACCIDENTS AND INJURIES MAY OCCUR. I AGREE TO ASSUME AND ACCEPT FULL RESPONSIBILITY FOR THE INHERIT RISKS.

PARENT/ GUARDIAN SIGNATURE: _____
DATE: _____