



# SUMMER CAMP REGISTRATION

- Week 1: May 28-June 1
- Week 2: June 4-8
- Week 3: June 11-15
- Week 4: June 18-22
- Week 5: June 25-29
- Week 6: Closed
- Week 7: July 9- 13
- Week 8: July 16-20
- Week 9: July 23-27
- Week 10: July 30-Aug 3
- Week 11: Aug 6-10

## Participant Name

Last	First	Age
DOB / /	School	Grade
Mailing Address		
City	State	ZIP
T-Shirt Size		

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## Parent Guardian 1

	E-mail Address
Parent Guardian 1 Home Number	Cell / Work Contact Number

## Parent Guardian 2

	E-mail Address
Parent Guardian 2 Home Number	Cell / Work Contact Number

Person responsible for transportation to/from camp	
Relationship to participant	Contact Number

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## In case of emergency, and parent/guardian CANNOT be reached, who should be contacted?

Name	Relationship
Phone Numbers	
Pediatrician / Physician	Phone Number
Please list any current medical conditions/injuries/limitations that we should be aware of:	
List ALL allergies, emergency precautions, emergency medications or current medications:	

I \_\_\_\_\_ understand that payment is due at the beginning of the current week. Any payment made after Tuesday of the current week is considered late and Central Florida Athletics will apply a late charge of \$10 to my account. I also acknowledge that pick-up is 6:00pm and Central Florida Athletics will charge my account \$1 for every minute that I am late picking up my child/children. Parent Initials \_\_\_\_\_

I also understand that my child/children must wear the Central Florida Athletics Summer Camp tshirt for all field trips. I understand that if I have signed up my child/children for a field trip and they do not have their Central Florida Athletics t-shirt on the day of the field trip, they will be unable to participate in the field trip and I will not receive a refund of any monies paid for that trip. All field trips are non- refundable. Parent Initials \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

As parent/guardian of the above athlete, I agree that the above information is true and accurate.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_