

[Type text]



CAMP REGISTRATION PACKET

(One form per child)

Invoice #:

Child's Full Name _____ Birth Date _____ T-shirt Size _____

Street Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

E-mail Address _____ Gender _____ Age at Start of Camp _____

Approx Time Child will be dropped off _____ Approx Time Child will be Picked Up _____

Registration	
(Check all that Apply)	
_____ Week #1	Inside Out/Backwards Week June 27 - July 1
_____ Week #2	Super Heroes Week July 5 - July 8
_____ Week #3	Twin Week July 11 - July 15
_____ Week #4	Favorite Jersey Week July 18 - July 22
_____ Week #5	Favorite Athlete Week July 25 - July 29
_____ Week #6	Beach Week August 1 - August 5
_____ Week #7	Wacky Hair Week August 8 - August 12
_____ Week #8	Pajama Week August 15 - August 19
_____ Week #9	Crazy Socks Week August 22 - August 26
_____ Week #10	Wacky Hat Week August 29 - September 2

Payment Info	
3 days if Camp	X
\$35/half day or \$45/full day	
4 days of Camp	X
\$35/half day or \$45/full day	
5 days of Camp	X
\$35/half day or \$45/full day	
=	
Total Due	
\$ _____	
Minimum Total Due Today	
(\$100 non-refundable deposit)	
\$ _____	
Call 438-3131 for more information	

Payment Options	
(Circle One Option)	
_____ 1-	Pay In Full (Visa, MC, Disc, Check, Cash)
_____ 2-	Pay For 1 st Week Now \$ _____
(Weekly Payments are due Thursday of the week prior to you attending camp)	
V/MC/Disc	
# _____	
Exp. Date (MM/YY) _____	
Name on Card _____	

I _____ agree to pay the total amount due for _____ to participate in the specified weeks of Afrim's Action Camp 2010- 2011. I understand that certain activities may have an additional cost. I also understand that payment is due in full on the Thursday prior to the week my child is attending camp.

Signature _____ Date _____

[Type text]

How did you originally hear about our Summer Sports Camp?

___ Afrim's Sports email ___ Postcard through the mail ___ Word of mouth
___ Afrim's Sports Birthday Party ___ Other _____

Primary Contact

Parent/Guardian Name: _____
Place of Employment: _____
Home Phone # _____ Work Phone #: _____
Mobile Phone #: _____
E-mail: _____

Secondary Contact

Name: _____
Place of Employment: _____
Home Phone # _____ Work Phone #: _____
Mobile Phone #: _____
E-mail: _____

Emergency Contact

Name: _____
Place of Employment: _____
Home Phone # _____ Work Phone #: _____
Mobile Phone #: _____
E-mail: _____

Pick-Up Policy

For the safety of all of our campers, each person will be required to show a photo I.D. when they pick up their camper. Your cooperation is greatly appreciated as the Camp Director will not always be available to check out campers.

Camper Pick-up Information

In addition to the primary and secondary contacts, I authorize the following people to pick up the above named child:

	Name	Home Phone	Work Phone	Mobile Phone
1-	_____			
2-	_____			
3-	_____			
4-	_____			
5-	_____			

[Type text]

[Type text]

Participation Waiver: Please read carefully and sign below. I understand that Afrim’s Sports assumes no responsibility for injuries or illnesses which my child may sustain as a result if his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness which may result from his/her participation in these activities and I hereby release Afrim’s Sports, its agents, servants, and employees from any and all claims of injury, illness, death, loss or damage which he/she may suffer as a result of his/her participation in these activities and I recognize that Afrim’s Sports will make every reasonable effort to minimize exposure to known risks associated with the program. I understand that Afrim’s Sports is not responsible for personal property lost or stolen while members and/or program participants are using the Afrim’s Sports facilities on Afrim’s Sports premises. I give permission to Afrim’s Sports to use, without limitation or obligation, photographs, film footage, my child’s image/voice as well as my own for purpose of promoting or interpreting Afrim’s Sports programs. I acknowledge the Waiver as set forth.

Signature of Parent/Guardian _____ **Date** _____

Illness: In the case that your child becomes ill during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child’s emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the facility as soon as possible. In the case that your camper or anyone in the immediate household of the camper develops a reportable communicable disease as defined by the State Board of Health, it is the responsibility of the parent to notify Afrim’s Sports within 24 hours or the next business day in order for Afrim’s to take proper action, except in the case of life threatening diseases which must be reported immediately.

Signature of Parent/Guardian _____ **Date** _____

Emergency Authorization: Please read carefully and sign below. My signature authorizes the management and staff of Afrim’s Sports to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. By my signature I hereby waive, release and hold harmless Afrim’s Sports, it’s management, volunteers, agents, and staff from any and all liability for any injuries, death, or illness sustained and/or incurred while at Camp and/or while using any facilities of, or participating in any of the activities or Afrim’s Sports. I/we grant permission for emergency medical treatment and/or routine medical care by the Afrim’s Sports camp staff, an ambulance, or private physician and/or hospital or emergency health care staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases Afrim’s Sports from any and all liability and/or financial responsibility for any medical expenses incurred.

Signature of Parent/Guardian _____ **Date** _____

Waiver of Liability: The signature below signifies acceptance of the following waiver of liability. I acknowledge that Afrim Sports Inc. may compile address labels and lists and may utilize photographs of the named individual. I consent to these uses of my name, address and likeness and hereby waive all rights to compensation for their use in the promotion and/or operation of Afrim Sports Inc.

To induce Afrim Sports Inc. to accept registration and permit participation in Afrim Sports Inc. sports programs, I hereby give my consent and agree to release, indemnify and hold harmless Afrim Sports Inc., its officers, officials, coaches, employees and representatives from any claim arising out of injury to the named individual. I also hold harmless Afrim Sports Inc., its officers, officials, coaches, employees and representatives from and against any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise.

I understand that as a participant in Afrim Sports Inc. sporting events that I must abide by all rules, regulations and philosophies of Afrim Sports Inc.

Signature of Parent/Guardian _____ **Date** _____

[Type text]

[Type text]

Health Report and Comments on Child's Development

Has your child been diagnosed with the following (Leave Blank if Not Applicable)

- | | | | |
|-------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> DD | <input type="checkbox"/> Autism | <input type="checkbox"/> Fragile X |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> MR | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Rett's Syndrome |
| <input type="checkbox"/> ODD | <input type="checkbox"/> PDD | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Tourette's |
| <input type="checkbox"/> OCD | <input type="checkbox"/> Asberger's | <input type="checkbox"/> Down's Syndrome | |

Check any or all that may apply:

Chronic/severe Health Condition (Asthma, Diabetes, etc.) Additional forms required.

Does your child have an Individual Education Program? (IEP)

Does your child have a Behavior Management Plan?

Please list and describe any allergies, special medical or physical conditions or problems that Afrim's should be aware of, including chronic health problems:

List instructions to be taken in the event of an emergency allergic reaction:

List any special medications for chronic problems and/or restrictions for child's care below:

In emergencies requiring medical attention, your child will be taken to the nearest hospital emergency room. Your signature below authorizes a representative of Afrim's Sports to have your child transported to the hospital.

Medication: Only prescription medication or over the counter medication with permission from child's physician will be administered. Do not send medications with your camper. Medicine must be handed to the Camp Director or Head Coach at check-in by the parent. All medicines must be kept by the staff in the locked cabinet. Children are not permitted to keep medications in their book bags or pockets.

PRESCRIPTION MEDICATIONS SHOULD BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR THE DOSAGES, WITH AN ORIGINAL PHARMACY LABEL ONLY.

Signature of Parent/Guardian _____ Date _____