

# Summer Camps/Clinics

## PARTICIPANT INFORMATION - ( \_\_\_ waiver on file)



Participant's Full Name \_\_\_\_\_ Gender: M/F

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Participant's Phone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade 2010-11 School Season: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Mother's Name \_\_\_\_\_

Mother's Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Mother E-mail address (H) \_\_\_\_\_ (W) \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Father E-mail address (H) \_\_\_\_\_ (W) \_\_\_\_\_

## MEDICAL INFORMATION

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Food allergies \_\_\_\_\_ Medication allergies \_\_\_\_\_

List any Physical/Psychological/Prior Injuries/Current Injuries that we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

### Summer Camps:

\_\_\_ June 7 - 11 \_\_\_ 1/2 am \_\_\_ 1/2 pm \_\_\_ full M - T - W - Th - F \_\_\_ early drop-off \_\_\_ late pick-up

\_\_\_ August 9 - 13 \_\_\_ 1/2 am \_\_\_ 1/2 pm \_\_\_ full M - T - W - Th - F \_\_\_ early drop-off \_\_\_ late pick-up

\_\_\_ August 16 - 20 \_\_\_ 1/2 am \_\_\_ 1/2 pm \_\_\_ full M - T - W - Th - F \_\_\_ early drop-off \_\_\_ late pick-up

### Fitness Summer Camps:

\_\_\_ June 14 - 18 \_\_\_ full \_\_\_ day M - T - W - Th - F

\_\_\_ June 21 - 25 \_\_\_ full \_\_\_ day M - T - W - Th - F

\_\_\_ June 28 - July 2 \_\_\_ full \_\_\_ day M - T - W - Th - F

\_\_\_ July 19 - 23 \_\_\_ full \_\_\_ day M - T - W - Th - F

\_\_\_ August 2 - 6 \_\_\_ full \_\_\_ day M - T - W - Th - F

### Back handspring Clinics:

\_\_\_ June 15/17 T - TH

\_\_\_ July 20/22 T - TH

\_\_\_ August 17/19 T - TH