

# Information

**\$170** per week until Open House

\*(Does not include a one-time \$75 application fee for their supplies)

Check (X) Weeks Attending below

- Week 1  June 1-5 -Soccer
- Week 2  June 8-12 -Flag football
- Week 3  June 15-19 -Basketball
- Week 4  June 22-26 -Multi-Sports
- Week 5  June 29-July 2 Baseball/Floor Hockey
- Week 6  July 6-10 -Flag football
- Week 7  July 13-17 -Basketball
- Week 8  July 20-24 -Soccer
- Week 9  July 27-31 -Multi-Sports

\*Campers earn a trophy with 5 or more weeks of attendance.

**\$180** per Week after Open House

## Payment Information

\$25 Deposit for each week checked (non-refundable) needed to reserve the week.  
(Deducted from the weekly total)

Total of weeks checked \_\_\_ x \$25=\$\_\_\_

\*Plus a one-time \$75 application fee which includes Superstar Pack: 3 t-shirts, Camp Bag, and money holder

## Parent or Guardian

(Permission Form)

\_\_\_\_\_  
Camper's Name

\_\_\_\_\_  
Camper's Name

In the event of any injuries while my child is at camp either on or off the Superstar Sports Camp grounds, I hereby give permission to any responsible person employed by the camp to take my child to the closest hospital or emergency facility for any necessary emergency treatment. I agree to hold the above people of authority harmless from any action in this respect.

I assume all risks and hazards incidental to my child (ren)'s participation in the activities of the Superstar program and hereby release and hold harmless Superstar Sports Camp, Inc. and /or owners, officers, and supervisor connected with the program.

I also give Superstar Sports Camp, Inc. permission to use any and all photos and/or similar promotional material of my son or daughter in their advertising. Superstar Sports camp, Inc., reserves the right, at the discretion of the directors to request the withdrawal of any camper if it is necessary for the welfare of the camp.

X  
\_\_\_\_\_  
Parent / Guardian signature Date

## Field Trip Permission

I hereby give permission for my child(ren) to go on field trips or activities related to Superstar Sports Camp throughout the week. I shall not hold Superstar Sports Camp, Inc., and its affiliates responsible in case of an accident as I feel assured that maximum attention will be given to all safety precautions.

X  
\_\_\_\_\_  
Parent/Guardian signature Date

# 22nd Season



P.O. Box 741827  
Boynton Beach, Fl. 33474

Cell: (561) 389-1795

Email: [4fun@SuperstarSportsCamp.com](mailto:4fun@SuperstarSportsCamp.com)

Cell: (561) 358-4026

Website: [www.SuperstarSportsCamp.com](http://www.SuperstarSportsCamp.com)

### Directors

Dan Sineway and Gonzo Carcache

### Applications for Admission

First Child:

\_\_\_\_\_  
Camper's Name

\_\_\_\_\_  
Camper's Birth Date Current Age

\_\_\_\_\_  
School Attending Current Grade

Second Child:

\_\_\_\_\_  
Camper's Name

\_\_\_\_\_  
Camper's Birth Date Current Age

\_\_\_\_\_  
School Attending Current Grade

## Contact Information

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Parent/Guardian

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Home Address

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City Zip Code

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Home Phone Work Phone

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\*Cell Phone

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\*Email

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Parent/Guardian

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Home Address

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City Zip Code

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Home Phone Work Phone

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\*Cell Phone

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\*Email

### T-shirt size:

Child 1-YOUTH: YS\_\_\_ YM\_\_\_ YL\_\_\_

ADULT: S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_

Child 2-YOUTH: YS\_\_\_ YM\_\_\_ YL\_\_\_

ADULT: S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_

Can your child swim? Yes \_\_\_ No \_\_\_

Can your child roller skate? Yes \_\_\_ No \_\_\_

Could your child watch PG movies? Yes \_\_\_ No \_\_\_

Parent/Guardian Initials: \_\_\_\_\_

## Medical Information

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Child's Name

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Physician's Name Phone #

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Hospital Preference

1-Does your child have any medical problems we should be aware of? If yes, Please list:

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2-Does your child have allergies?

No\_\_\_ Yes\_\_\_ Please List:

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3-Does your child need to be given any medication during camp hours? If yes, Please indicate:

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time of day given: \_\_\_\_\_

## Insurance Information

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Insurance Company

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Policy Number

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Expiration Date

\*\*\*Please indicate if you have no insurance

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X

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Parent/Guardian signature

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## Authorization for Pick-Up

Person(s) authorized to pick-up your child(ren) from the camp. Please indicate yourself.

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Name Phone #

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Name Phone #

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Name Phone #

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Name Phone #

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Name Phone #

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Name Phone #

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Name Phone #