

# Information

**\$180** per week

(\$195 per week after Open House-May 3, 2022)

\*(Does not include a one-time \$50 application fee)

Check (X) Weeks Attending below

- Week 1  May 31-June 3-Soccer (\$150)
- Week 2  June 6-10 -Flag Football
- Week 3  June 13-17 - Basketball
- Week 4  June 20-24 - Soccer
- Week 5  June 27-July1 –Flag Football
- Week 6  July 5-8 – Multi-Sports
- Week 7  July 11-15 – Basketball
- Week 8  July 18-22 – Flag Football
- Week 9  July 25-29 – Multi-Sports

\*\*All weeks also include a variety of other sports and P.E. games, and field trips

**Zelle to: 561-358-4026**

## Payment Information

Send payments to:

9884 Equus Circle

Boynton Beach, Fl. 33472

\$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 \$50 application fee**

## 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

# 24th Season



Mail: 9884 Equus Circle  
Boynton Beach, Fl. 33472

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

\_\_\_\_\_  
Parent/Guardian

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

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
**Cellular Phone**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
Parent/Guardian

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

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
**Cellular Phone**

\_\_\_\_\_  
**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

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Hospital Preference

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2-Does your child have **allergies**?

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Expiration Date

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

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

\*\*\*

### Authorization for Pick-Up

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

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Name Phone #