

Information

\$175 per week

(\$195 per week after Open House)

***(Does not include a one-time \$75 application fee per camper)**

Check (X) Weeks Attending below

- Week 1 June 5-9-multi-sports
- Week 2 June 12-16 -multi-sports
- Week 3 June 19-23-multi-sports
- Week 4 June 26-30-multi-sports
- Week 5 July 3, 5-7(no camp 7/4)-sports
- Week 6 July 10-14 – multi-Sports
- Week 7 July 17-21 – multi-sports
- Week 8 July 24-28 – 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:

*9943 Via Amati

Lake Worth, Fl. 33467

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

DEPOSIT: weeks checked_x \$25=\$_____

***Plus a one-time \$75 application fee per camper.**

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

25th Season



CORAL REEF ELEM.

Mail: 9943 Via Amati, Lake Worth, Fl. 33467

Cell: (561) 358-4026

Email: 4fun@SuperstarSportsCamp.com

Website: www.SuperstarSportsCamp.com

Director

Coach C (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 #