

Registration

For pricing, visit our website:

SuperstarSportsCamp.com

***Chosen weeks and a \$75 application fee must be PAID IN FULL by January 31, 2025 TO GET EARLY BIRD PRICING.**

Check (X) Weeks Attending below:

- Week 1 June 2-6
- Week 2 June 9-13
- Week 3 June 16-20
- Week 4 June 23-27
- Week 5 June 30-July 3 (no camp 7/4)
- Week 6 July 7-11
- Week 7 July 14-18
- Week 8 July 21-25
- Week 9 July 28-August 1

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

Zelle to: 561-358-4026

Payment Information

Mail payments to:

9943 Via Amati

Lake Worth, Fl. 33467

Camper's Name

Camper's Name

In the event of an injury occurring 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

27th Season



CORAL REEF ELEM.

6151 Hagen Ranch Road, Lake Worth, FL 33467

Cell: (561) 358-4026

Email: 4fun@SuperstarSportsCamp.com

Website: www.SuperstarSportsCamp.com

Director

Gonzo Carcache

Application 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 # _____