

# Payment Information

\*\*\*\*\*

**Price:**

**\$185 per camper**

**\$215 after March 1, 2025**

**\*\*Pay in full to reserve spot\*\***

**LIMITED**

**SPACES AVAILABLE**

**Date: March 24-28, 2025**

**Hours: 7:30 a.m.- 5:30 p.m.**

**Make check payable to:**

Superstar Sports Camp, Inc.

OR

ZELLE to **561-358-4026**

**Mail checks to:**

Superstar Sports Camp

9884 Equus Circle

Boynton Beach, Fl. 33472

\*\*\*

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

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

In the event of any 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.

\_\_\_\_\_  
**Parent/Guardian signature**

\_\_\_\_\_  
**Date**

# Spring Break Camp 2025



**Superstar Sports Camp, Inc.**

6151 Hagen Ranch Road, Lake Worth, FL 33467

**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

**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 # \_\_\_\_\_