

# Registration

For prices go to our website:  
[SuperstarSportsCamp.com](http://SuperstarSportsCamp.com)

**\*Must be paid in full to reserve weeks\***

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

\*

Check (X) Weeks Attending below:

- Week 1  June 2-6-multi-sports
- Week 2  June 9-13 -multi-sports
- Week 3  June 16-20-multi-sports
- Week 4  June 23-27-multi-sports
- Week 5  June 30-July 3 \*(no camp 7/4)
- Week 6  July 7-11 – multi-Sports
- Week 7  July 14-18 – multi-sports
- Week 8  July 21-25 – multi-sports
- 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

**Send payments to:**

9943 Via Amati

Lake Worth, FL 33467

## 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

# 27<sup>th</sup> Season



## CORAL REEF ELEM.

6151 Hagen Ranch Road, Lake Worth, FL 33467

**Cell: (561) 358-4026**

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

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

Director

Gonzalo Carcache ( Coach C)

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 #