

Registration

For prices go to our website:
SuperstarSportsCamp.com

Must be paid in full to reserve weeks

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

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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 activities, sports, P.E. games, and field trips.

Zelle to: 561-389-1795

Payment Information

Send payments to:
 9884 Equus Circle
 Boynton Beach, FL 33472

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

27th Season



ELBRIDGE GALE ELEM.
 1915 Royal Fern Drive, Wellington, FL 33414
Cell: (561) 389-1795
 Email: SuperstarSportsCamp@outlook.com
 Website: www.SuperstarSportsCamp.com

Director
 Dan Sineway

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 #