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.**

***Check (X) Weeks Attending below**

Week 1 ☐ **June 1-5, 2026**

Week 2 ☐ **June 8-12, 2026**

Week 3 ☐ **June 15-19, 2026**

Week 4 ☐ **June 22-26, 2026**

Week 5 ☐ **June 30-July 2 *(no camp 7/3)**

Week 6 ☐ **July 6-10, 2026**

Week 7 ☐ **July 13-17, 2026**

Week 8 ☐ **July 20-24, 2026**

Week 9 ☐ **July 27-31, 2026**

****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:

4179 Lagoon Shores Drive

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 be 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**

28th 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 #