

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 1-4, 2027
Week 2 ☐ June 7-11, 2027
Week 3 ☐ June 14-18, 2027
Week 4 ☐ June 21-25, 2027
Week 5 ☐ June 28-July 2, 2027
Week 6 ☐ July 6-9, 2027*(no camp 7/5)
Week 7 ☐ July 12-16, 2027
Week 8 ☐ July 19-23, 2027
Week 9 ☐ July 26-30, 2027

**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 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

29th 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 #