

Payment Information

Price: \$195 per camper

***\$225 per camper after**

March 1, 2027

(No application fee)

****Paid in full to reserve spot****

LIMITED

SPACES AVAILABLE

Date: March 22-26, 2027

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

Make check payable to:

Superstar Sports Camp, Inc.

OR

ZELLE: 561-358-4026

Send to checks:

Superstar Sports Camp

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

N/A

Parent/Guardian signature

Date

Spring Break Camp 2027



Superstar Sports Camp, Inc.

6151 Hagen Ranch Road, Lake Worth, Fl. 33467

Cell: (561) 389-1795

Email: 4fun@SuperstarSportsCamp.com

Cell: (561) 358-4026

Website: www.SuperstarSportsCamp.com

Directors

Dan Sineway and Gonzo Carcache

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



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 #