



Sport Discovery Camps

2016 Entry Form



SJC SPORT DISCOVERY CAMPS

ENTRY FORM

CHILD and PARENT INFORMATION:

child's first name: _____ m.i.: _____ child's last name: _____

address: _____ city: _____ state: _____ zip code: _____

date of birth: _____ nickname: _____

If camp offers T-Shirt – your child's T-Shirt size: **YS YM YL AS AM AL A-XL**

father's first name: _____ m.i.: _____ father's last name: _____

address: _____ city: _____ state: _____ zip code: _____

employer: _____ hours worked: _____

employer's address: _____

home phone: _____ work phone: _____

cell phone: _____ social security #: _____

email address: _____

mother's first name: _____ m.i.: _____ mother's last name: _____

address: _____ city: _____ state: _____ zip code: _____

employer: _____ hours worked: _____

employer's address: _____

home phone: _____ work phone: _____

cell phone: _____ social security #: _____

email address: _____

FAMILY STATUS:

_____ married living together _____ separated, child with _____
 _____ single parent _____ divorced, child with _____
 _____ father and stepmother _____ mother and stepfather
 _____ child living with guardian _____ I wish to supply a copy of documentation for custody

<input type="checkbox"/> Week 1: Sports & Games	<input type="checkbox"/> Week 2: Basketball	<input type="checkbox"/> Week 3: Dance	
Fee: \$25 <input type="checkbox"/> if attend 1 or 2 camps	Fee: \$25 <input type="checkbox"/> if attend 1 or 2 camps	Fee: \$25 <input type="checkbox"/> if attend 1 or 2 camps	
Fee: \$20 <input type="checkbox"/> if attend all camps	Fee: \$20 <input type="checkbox"/> if attend all 3 camps	Fee: \$20 <input type="checkbox"/> if attend all 3 camps	

UNAUTHORIZED PICK UP ALERT

List the full names of any persons who are SPECIFICALLY DENIED permission to pick up your child:

name: _____ reason: _____

name: _____ reason: _____

EMERGENCY CONTACTS:

The following persons may be contacted should we not be able to reach you in an emergency or in case you are unable to arrive to pick up your child by closing time (12:30 p.m.).

These persons are hereby granted permission to pick up my child.

1. name: _____ relationship: _____

work phone: _____ cell phone: _____

2. name: _____ relationship: _____

work phone: _____ cell phone: _____

3. name: _____ relationship: _____

work phone: _____ cell phone: _____

MEDICAL INFORMATION:

physician: _____ phone: _____ address: _____

dentist: _____ phone: _____ address: _____

insurance provider: _____ policy number: _____

ALLERGIES and MEDICAL NEEDS:

Please provide information regarding special needs your child may have. Please write "none" if conditions do not exist.

allergies: _____

treatment: _____

other serious medical conditions: _____

treatment: _____

other information: _____

MEDICAL PERMISSION:

I HEREBY AUTHORIZE SJC staff to take whatever emergency medical measures that are deemed necessary for the protection of my child while in their care. I understand that this includes calling the physician named above, implementing the doctor's instructions, and/or transporting my child to a hospital or clinic without obtaining any further consent. I further agree and by my signature I give consent that in case of an accident or illness of a serious nature, my child will be given emergency medical treatment and care as deemed necessary by the EMS staff or emergency room personnel of a hospital or medical clinic.

parent/guardian signature:

date:

preferred hospital:

ACCEPTANCE of SJC POLICIES and PROCEDURES:

Unless hindered by reasons outside of our control, SJC agrees to be open from 8:30 a.m. to 12:30 p.m. Monday through Friday for campers.

You agree to the following:

- *To pay non-refundable fee(s).
- *To pay a late pick up fee of \$10.00 per every 15 minutes after close time of 12:30 p.m. to be paid by the following day.
- *To pay by Monday of the current week's fee should you not pay for all camps up front. \$15.00 late fee will be added to accounts not paid by Monday at close.
- *To pay a return check / NSF payment of \$20.00 for payments denied by your bank. You understand that only money orders will be accepted after a payment has been returned.
- *To inform SJC of your child's absence.
- *To pick up your child if they have a temperature of 100+ or is vomiting or has diarrhea or other illness.

SJC cannot admit or maintain care for children whose needs we cannot meet or whose behavior might present a danger for others.

*I have read the above and hereby agree to these terms and policies for **SJC Sport Discovery Camps.***

signature of parent:

date:

OFFICE USE ONLY:

date paperwork received:

date fee(s) paid:

date child will start:

enrolled status:

notes:

management:

date: