



SUMMER CAMP REGISTRATION

____ Week 1: June 3 – June 7
 ____ Week 3: Jun 17 – 21
 ____ Week 5: Jul 1 – 5
 ____ Week 7: Jul 15 – 19
 ____ Week 9: Jul 29– Aug 2

____ Week 2: Jun 10 – 14
 ____ Week 4: Jun 24 – 28
 ____ Week 6: Jul 8 – 12
 ____ Week 8: Jul 22 – 26
 ____ Week 10: Aug 5 – Aug 9

Participant Name _____ Age _____
LAST FIRST

DOB ____/____/____ School _____ Grade _____

Mailing Address _____

City _____ State _____ Zip _____ T-shirt Size _____

Parent/Guardian (1) _____ Email _____

Parent/Guardian Home Number _____ Cell/Work _____

Parent/Guardian (2) _____ Email _____

Parent/Guardian Home Number _____ Cell/Work _____

Person responsible for transportation to/from Camp _____

Relationship to participant _____ Contact Number(s) _____

In case of emergency, and parent/guardian CANNOT be reached, who should be contacted?

Name _____ Relationship _____

Phone Number(s) _____

PEDIATRICIAN/PHYSICIAN _____ Phone _____

Please list any current medical conditions/injuries/limitations that we should be aware of:

List ALL allergies, emergency precautions, emergency medications or current medications:

I _____ understand that payment is due at the beginning of the current week. Any payment made after Tuesday of the current week is considered late and Central Florida Athletics will apply a late charge of \$10 to my account. I also acknowledge that pick-up is 6:00pm and Central Florida Athletics will charge my account \$1 for every minute that I am late picking up my child/children. Parent Initials _____

I also understand that my child/children must wear the Central Florida Athletics Summer Camp t-shirt for all field trips. I understand that if I have signed up my child/children for a field trip and they do not have their Central Florida Athletics t-shirt on the day of the field trip, they will be unable to participate in the field trip and I will not receive a refund of any monies paid for that trip. All field trips are non-refundable. Parent Initials_____

I have been given a list of rules and procedures for summer camp. Parents Initials_____

Name of parent or guardian_____

Signature_____Date_____

As parent/guardian of the above athlete, I agree that the above information is true and accurate

Parents signature date

The following persons are authorized to pick up my child from Central Florida Athletics - JAX or from Central Florida Athletics - JAX field trip locations.

Adult Name:_____Relationship to
Child_____

Adult Name:_____Relationship to
Child_____

Adult Name:_____Relationship to
Child_____

Adult Name:_____Relationship to
Child_____

Adult Name: _____ Relationship to
Child_____

****NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN****

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF CENTRAL FLORIDA ATHLETICS LLC USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM CENTRAL FLORIDA ATHLETICS LLC IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND CENTRAL FLORIDA ATHLETICS LLC HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Signature of Parent (Guardian) _____

Printed Name of Parent (Guardian) _____

Date_____

OFFICE USE ONLY:

WAIVER COMPLETED/ON FILE
PAYMENT ATTACHED:

CHECK #
CASH
PAYMENT MADE ON-LINE _____

VERIFIED