

# 2017 Winter Registration Application

Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Boy  Girl

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Check the camp your child will attend:**  Calabasas Camp  Sherman Oaks Camp  
 Check here for Door to Door Bus Service  Check here for Express Bus Service \_\_\_\_\_  
Pick Up Location

CIRCLE DAYS THAT YOUR CHILD IS ATTENDING CAMP FOR 1/2 DAYS PLEASE WRITE MORNING (AM) OR AFTERNOON (PM)	OPTIONAL MAJOR FIELD TRIPS
<b>DECEMBER 18 to DECEMBER 22</b>	<b>M T W TH F</b> (Magic Mountain) <small>(2nd grade and up may attend)</small>
<b>DECEMBER 25 to DECEMBER 29</b>	<b>M T W TH F</b> (Knott's Berry Farm) <small>(2nd grade and up may attend)</small>
<b>JANUARY 1 to JANUARY 5</b>	<b>M T W TH F</b> (Mountasia) <small>(All campers may attend)</small>

**Assumption of Risk and Release of Liability:** In consideration of the named camper being permitted to participate in Sports Plus Day Camp activities, we, the parents or legal guardians of the camper, on our own behalf and on behalf of the camper (hereinafter "releasers"), hereby acknowledge and agree that we understand and fully appreciate the risk of injury involved to the camper in participating in camp activities. We understand that the camper will travel in a camp bus or van and engage in various activities. We further understand and acknowledge that such activities, whether or not they are listed in the camp's brochure, on this form or elsewhere, including but not limited to competitive sports, have increased risk of injury associated with them, and that the camp cannot guarantee that the participants, equipment, premises and/or activities will be free of hazards. The Releasers nevertheless hereby release, waive, and discharge Sports Plus Day Camp, its officers, employees, agents, counselors, and representatives, (hereinafter "Releasees") from all liability to the releasers for any loss or damage, and any claims or demands on account of injury to the camper caused in any way while the camper is participating in any of the Sports Plus Day Camp activities. The Releasers hereby agree to indemnify and hold harmless the Releasees, and each of them, for any loss, liability, damage, or costs and expenses including attorneys fees they incur due to the campers participation. It is the express intention of the Releasers to exempt and relieve the Releasees from any liability for personal injury, property damage, or wrongful death related in any way to the participation of the camper in Sports Plus Day Camp's activities. The undersigned acknowledges that he or she is fully aware of the legal consequences of signing this application containing the express waiver and release of liability.

I, WE, the undersigned, parents of \_\_\_\_\_, a minor, do hereby authorize the SPORTS PLUS DAY CAMP and its delegated leaders as agents for the undersigned to consent to any x-ray examination, anesthetic, laboratory, pathology, deemed advisable by, and to be rendered under the supervision of any physician, dentist, or surgeon licensed under the provisions of the medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis or treatment and that reasonable effort shall be made to contact the undersigned prior to rendering treatment, but then any of the above treatments shall not be withheld if the undersigned cannot be timely reached. This authorization shall remain in effect unless revoked in writing. The authorized person(s) further understands and agrees:

1. That if medication is to be given to the registered minor SPORTS PLUS DAY CAMP and its leaders or directors are not legally nor financially liable for administering or results of administering medication. If medication is to be given, parent must make arrangements in writing with Camp Director. Minors are not to have medication of any kind on their person or in their belongings at any time.
2. The camp is not responsible for lost articles. Parents are requested to mark the campers first and last name on all items.
3. There are no cell phones or electronic devices allowed at camp.
4. There are **no refunds** given for days missed and parents are financially responsible for all days and activities that the camper has registered to attend camp.
5. All camp fees are due prior to the camper's start of camp. All balances not paid in full by your child's start of camp are subject to a 1% per month finance fee.
6. If a camper is dismissed from camp for disciplinary measures, there will be no refund for any unused days.
7. All campers are required to wear a Sports Plus Camp Shirt on all major field trips. Campers not wearing a camp shirt will be given one and their parents will be charged.
8. That in case of accident SPORT PLUS DAY CAMP assumes no financial responsibility beyond the secondary insurance coverage.
9. That the registered minor may be transported in SPORTS PLUS DAY CAMP leased vehicles and may participate in camp sponsored field trips.
10. By providing Sports Plus Day Camp with a credit card, you hereby agree that all charges incurred at camp, including additional days will automatically be billed to that credit card at the end of our winter session.
11. To all policies listed in the brochure and registration form.

**Please note that all correspondence, including the parent information packet and billing statements will be sent via email only to the email address provided on this registration application.**

Allergies to food or drugs: \_\_\_\_\_

Any special medications or pertinent medical history: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Two people the CAMP can contact in the event parents cannot be reached:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list any friends you would like your child to be grouped with: \_\_\_\_\_

**I agree to all of the terms and conditions including the release of liability herein and give full authorization as stated above to Sports Plus Day Camp:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Legal Guardian)