

**CITY OF EASLEY PARKS & RECREATION  
2010 SUMMER SPORTS CAMPS  
REGISTRATION FORM**

**Summer Sports Camps will be held Monday through Friday from 7:00AM – 6:00PM**

Name:		Registration Date:	
Address:		School Attending:	
City:		Birth Date:	
State:	Zip:	Current Age:	

**Parent/Guardian Information:**

Name	Relation	Home #	Work #	Cell #

**Fees and registration information:**

1. Camp Ages 8 – 14.
2. Registration from January 2 through April 14, 2010. **NO LATE REGISTRATION ALLOWED.**
3. Registration fee will be \$65.00 per week.
4. Must pay for at least 1 week when registering.
5. Must register at least 1 week prior to start date of camp registering for.
6. Fees must be paid at least 1 week prior to camp date.
7. **THERE WILL BE NO REFUNDS OF REGISTRATION FEES.**
8. Lunch will be available for \$5.00 per day, per child.

**Camp information (circle the camp(s) and week(s) you are registering for): (Revised 3/15/10)**

- |   |  |
|---|--|
| JUNE 14 <sup>TH</sup> – JUNE 18 <sup>TH</sup> | Basketball or Volleyball (choose only one)               |
| JUNE 21 <sup>ST</sup> – JUNE 25 <sup>TH</sup> | Softball or Basketball (choose only one)                 |
| JUNE 28 <sup>TH</sup> – JULY 2 <sup>ND</sup>  | Basketball or Volleyball (choose only one)               |
| <br>  |  |
| JULY 5 <sup>TH</sup> – JULY 9 <sup>TH</sup>   | Soccer or Basketball (choose only one)                   |
| JULY 12 <sup>TH</sup> – JULY 16 <sup>TH</sup> | Basketball or Volleyball (choose only one)               |
| JULY 19 <sup>TH</sup> – JULY 23 <sup>RD</sup> | Football or Basketball (choose only one)                 |
| JULY 26 <sup>TH</sup> – JULY 30 <sup>TH</sup> | Baseball or Football (Pope Field Park) (choose only one) |
| <br>  |  |
| AUG. 2 <sup>ND</sup> – AUG. 6 <sup>TH</sup>   | Tennis or Soccer (choose only one)                       |
| AUG. 9 <sup>TH</sup> – AUG. 13 <sup>TH</sup>  | Cheerleading or Football (choose only one)               |

All Camps will have a maximum of 100 participants.

**(OVER)**

**Medical Information:**

- |  |     |    |
|--|-----|----|
| 1. Is your child allergic to any medication(s)?<br>If yes, what type(s)? _____                       | Yes | No |
| 2. Does your child take any types of medication(s)?<br>If yes, what type(s)? _____                   | Yes | No |
| 3. Does your child have any allergic reactions to any types of foods?<br>If yes, what type(s)? _____ | Yes | No |
| 4. Is your child allergic to bee stings?   | Yes | No |

**Child Safety Information:**

- All children will have a picture ID Badge made the first day of camp.

**General Information:**

- Does your child have any types(s) of disabilities that our Department staff needs to know about?  
Yes No If yes, what disabilities? \_\_\_\_\_
- Are there any activities your child can not be involved in? Yes No  
If yes, what activities? \_\_\_\_\_
- All fees must be paid one (1) week prior in order for your child’s spot to be held.
- All children **MUST** be picked up by 6:00PM or DSS will be called.
- List all persons allowed to pick up your child \_\_\_\_\_

I have read and understand all of the requirements on this form:

\_\_\_\_\_

Parent or Guardian

\_\_\_\_\_

Date

**AREA BELOW FOR OFFICE USE ONLY**

Camp Date	Camp Sport	Date Paid	Amount Paid