

SUMMER SPORTS CAMP

“All Day” Day Camp-All Summer Long!

Camp Hours: 8:30 am. – 4:30 pm. Extended Hours Available with no extra fee!
 (7:00 am – 6:00 pm).

Meals: Lunch and 3 Snacks included!

Activities: Soccer, Volleyball, Indoor Softball, Flag Football, Kickball, Indoor Rock Climbing, Basketball, Dodge ball and more! Indoor/Outdoor Activities – no rainouts!

Ages: 5 – 13

Cost:	Daily*	3 Days/Week*	5 Days/Week*	All Summer* (no pro-ratings)
First Child	\$65	\$144	\$180	\$1,620
Each Additional	\$62	\$135	\$164	\$1,476

Three weeks or more campers are guaranteed a space, if registered and paid prior to May 15th.
 Campers registering for less than three weeks are on a space available basis.

NO CANCELATIONS AFTER MAY 15TH! You may reschedule dates with a written notice 10 days in advance.

2014 Camp Calendar:

June/July						July/August						August					
	Mon	Tue	Wed	Thur	Fri		Mon	Tue	Wed	Thur	Fri		Mon	Tue	Wed	Thur	Fri
I	2	3	4	5	6	VI	7	8	9	10	11	X	4	5	6	7	8
II	9	10	11	12	13	VII	14	15	16	17	18	XI	11	12			
III	16	17	18	19	20	VIII	21	22	23	24	25						
IV	23	24	25	26	27	IX	28	29	30	31	1						
V	30	1	2	3	--												

For more information visit our website www.offthewallsports.net or email info@offthewallsports.net

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Camper Information

First Name _____ Last Name _____
 Address _____
 City _____ State _____ Zip _____
 Gender ____ Age _____ Date of Birth _____
 Home Phone _____ Fax _____
 Email* _____
 *primary form of communication
 Parent's Names _____

Credit Card required guaranteeing long term registrations.

Credit Card Number (Master Card/Visa) _____
Expiration Date ____/____ **Name** _____

Circle registration dates

June/July						July/August						August					
Mon	Tue	Wed	Thur	Fri		Mon	Tue	Wed	Thur	Fri		Mon	Tue	Wed	Thur	Fri	
I	2	3	4	5	6	VI	7	8	9	10	11	X	4	5	6	7	8
II	9	10	11	12	13	VII	14	15	16	17	18	XI	11	12			
III	16	17	18	19	20	VIII	21	22	23	24	25						
IV	23	24	25	26	27	IX	28	29	30	31	1						
V	30	1	2	3	--												

Waiver of Liability: I acknowledge that Off The Wall Sports, LLC may compile address labels and lists and may utilize photographs of the named individual. I consent to these uses of my name, address and likeness and hereby waive all rights to compensation for their use in the promotion and/or operation of Off The Wall Sports, LLC.
 To induce Off The Wall Sports, LLC to accept registration and permit participation in Off The Wall Sports, LLC sports programs, I hereby give my consent and agree to release, indemnify and hold harmless Off The Wall Sports, LLC, its officers, officials, coaches, employees and representatives from any claim arising out of injury to the named individual. I also hold harmless Off The Wall Sports, LLC, its officers, officials, coaches, employees and representatives from and against any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain medical treatment based on religious or philosophical beliefs or otherwise.
 I understand that as a participant in Off The Wall Sports, LLC sporting events that I must abide by all rules, regulations and philosophies of Off The Wall Sports, LLC.

Signature of Parent/Guardian _____



Supplement to Summer Camp Application

Campers will not be allowed to attend camp until the supplemental applications are submitted. No Exceptions!

Child's Name _____

Primary Contact

Parent/Guardian Name: _____

Place of Employment: _____

Home Phone # _____ Work Phone #: _____

Mobile Phone #: _____

E-mail: _____

Second Contact

Name: _____

Place of Employment: _____

Home Phone # _____ Work Phone #: _____

Mobile Phone #: _____

E-mail: _____

Camper Pick-up Information

In addition to the primary contact, I authorize the following people to pick up the above named child.

Name	Home Phone	Work Phone	Mobile Phone
1			
2			
3			
4			

Pick-Up Policy

Each person will be required to show a photo I.D. when they pick up the camper. Your cooperation is appreciated.

Camper's Health Information

Please list any allergies your camper may have: _____

Is your camper allergic to any specific brands of sunscreen? Yes _____ No _____

If yes, please list: _____

Food allergies/restrictions: _____

Are you aware of any food products that use this as a secondary ingredient? _____

Is your camper currently on any medications? Yes* _____ No _____

If yes, please list: _____

* Medications must be signed in and out with a camp counselor at the beginning of each day your child is attending camp, if it is to administered during camp hours.

Does your camper have any medical afflictions we should know about? Yes _____ No _____

If yes, please list: _____

Insurance Carrier: _____ Policy Number: _____

Family Physician: _____ Phone Number: _____

Emergency Authorization: I hereby give permission for my child to be admitted to any hospital facility for diagnosis and treatment in my absence. I request and authorize physicians and staff, duly licensed as Doctors of Medicine or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatment of my child.

Initials _____

Transportation Authorization: I hereby give permission for my child to travel by bus with the Off The Wall Sports Summer Sports Camp staff. I understand that only licensed and qualified personnel will operate any vehicle to and from Day Camp, and that there will be at least two Day Camp staff members present at all times. I agree to release the Day Camp staff from any and all claims of damages, demands, or liability, which may arise as a result of my child's participation on these bus trips.

Initials _____

Waiver of Liability: The signature below signifies acceptance of the following waiver of liability. I acknowledge that Off The Wall Sports, LLC may compile address labels and lists and may utilize photographs of the named individual. I consent to these uses of my name, address and likeness and hereby waive all rights to compensation for their use in the promotion and/or operation of Off The Wall Sports, LLC.

To induce Off The Wall Sports, LLC to accept registration and permit participation in Off The Wall Sports, LLC sports programs, I hereby give my consent and agree to release, indemnify and hold harmless Off The Wall Sports, LLC, its officers, officials, coaches, employees and representatives from any claim arising out of injury to the named individual. I also hold harmless Off The Wall Sports, LLC, its officers, officials, coaches, employees and representatives from and against any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise.

I understand that as a participant in Off The Wall Sports, LLC sporting events that I must abide by all rules, regulations and philosophies of Off The Wall Sports, LLC.

Signature of Parent/Guardian _____ **Date** _____



2014 Summer Sports Camp

Automatic Payment Authorization Form (optional)

Camper's Name(s) _____

I, _____, authorize Off The Wall Sports to charge my credit card for Summer Camp based on my registration. Off The Wall Sports will store your credit card securely. Charges will be submitted weekly, one week prior to registration. Normal Summer Camp registration fees will apply.

Card Number _____

(Visa, Mastercard, Discover, American Express)

Expiration Date: _____

Name on Card: _____

Signed: _____ Date: _____