



OFF *The* WALL SPORTS

1423 Chase Court Carmel, IN 46032 (317) 580-5900 FAX (317) 580-5905

www.offthewallsports.net

Supplement to Summer Camp Application

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

Child's Name _____

How did you originally hear about our Summer Sports Camp?

___ Off the Wall Sports email ___ Postcard through the mail ___ Word of mouth ___ Newspaper Ad

___ Other _____

Primary Contact

Parent/Guardian Name: _____

Place of Employment: _____

Home Phone # _____ Work Phone #: _____

Mobile Phone #: _____ Pager#: _____

E-mail: _____

Second Contact

Name: _____

Place of Employment: _____

Home Phone # _____ Work Phone #: _____

Mobile Phone #: _____ Pager#: _____

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: _____

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 and end of each day your child is attending camp.

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** _____



Presented By:



2010 Summer Sports Camp

Automatic Payment Authorization Form

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) _____ exp: _____

Name on Card: _____

Signed: _____ Date: _____