

# USC Day Camp Registration Form

Today's Date \_\_\_\_\_



Participant's Name \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

If there are multiple kids fill out separate form & indicate 1<sup>st</sup> child  2<sup>nd</sup> child  3<sup>rd</sup> child

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mom's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Mom's Work # \_\_\_\_\_ Father's Work # \_\_\_\_\_

Home Address \_\_\_\_\_

EMAIL \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Photo Release: I grant Uptown Sports Complex permission to take photos of my child during class activities for promotional ads and web-site usage. YES  NO  Parent Signature \_\_\_\_\_

**We plan and provide a place for your child in class therefore any missed classes cannot be deducted from tuition. There is a \$42 annual registration for each child (n/a for day camps). No Sibling Discount for Day Camps. All payments are due upon registration. There is a 3% fee when paying with credit/debit card. There is a \$30 fee for returned checks. All payments/deposits are NON-REFUNDABLE & NON-TRANSFERABLE / No Credit / No Refund.**

I read the above & understand (Initial) \_\_\_\_\_

Package (mark X) 5 days \$325  7 days \$455

**\*Must be consecutive days – If a day is missed NO make-up day or switch & NO refund**

CIRCLE DAY(s) OF WEEK

Monday 04/10    Tuesday 04/11    Wednesday 04/12    Thursday 04/13    Friday 04/14    Monday 04/17    Tuesday 04/18

----- OFFICE USE ONLY -----

Enrolling Package Due \$ \_\_\_\_\_ Early/Late Fee Total \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Payment type    cash     check     credit card     3% fee \$ \_\_\_\_\_ Total Due \$ \_\_\_\_\_

If paying over the phone staff must fill out completely in order to process payment

VISA                      MASTERCARD                      AMEX                      DISCOVER

CARD #                       EXP DATE

SECURITY CODE                       CARD ZIP CODE

----- CLIENT RETURNING ONLY -----

Date of Return \_\_\_\_/\_\_\_\_/\_\_\_\_    Circle Package    5 Day    7 Day

Amount Due \$ \_\_\_\_\_    Amount Paid Above \$ \_\_\_\_\_    Total Due \$ \_\_\_\_\_

Payment type    cash                      check                      credit card                      (3% fee \_\_\_\_\_)

Total Amount Due \$ \_\_\_\_\_



**USC Early drop off and late pick up Request**

No - My child does not need early drop off

Yes - My child will be dropped off between the hours of 8:30am and 8:50am

day # 1  day # 2  day # 3  day # 4  day # 5 Early Drop off \$10.00 per day per child

No - My child does not need late pick up

Yes - My child will be picked up between the hours of 3:15pm and 6pm

Late pick up fee \$10.00 per child 3:15 - 4pm

Late pick up fee \$20.00 per child 3:15 - 5pm

Late pick up fee \$30.00 per child 3:15 - 6pm  \*Based on staff availability

day # 1  day # 2  day # 3  day # 4  day # 5

Total Days  Total Due \$

**USC Authorized family members and/or friends pick up sheet**

Please fill out the names and phone #'s of all people authorized to pick up your child (Parents are auto included)

Name:  Tel #  Relationship:

Name:  Tel #  Relationship:

Name:  Tel #  Relationship:

Is there anyone who cannot pick up child; YES / NO If yes name of person

**Facility Waiver**

Please check below

I have signed the electronic facility waiver online (<https://uptownsports.waiverapps.com/admin/waivers>)

for my child  to participate in the camp program

I have signed a paper facility waiver for my child  to participate in the camp

Parent Signature

-----Office Use Only-----

Verified there is an electronic facility waiver online for the child named above (<https://uptownsports.waiverapps.com/admin/waivers>)

Verified that a paper facility waiver is on file for the child named above  Employee Initials



170 West 233<sup>rd</sup> Street Bronx, NY 10463 Tel 718.549.PLAY Fax 718.543.7528 Email [info@uptownsportscomplex.com](mailto:info@uptownsportscomplex.com)

Camper's Name: \_\_\_\_\_

Health Ins. Plan Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Please provide any information about participant's behavior and physical, emotional, or mental health that USC should be aware of.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Information to be filled out by Doctors office only

Family Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Medical Alerts- Please check all that apply.

- \_\_\_\_\_ Drug Allergies - \_\_\_\_\_
- \_\_\_\_\_ Food/ Environmental Allergies \_\_\_\_\_
- \_\_\_\_\_ Bee Sting Allergy \_\_\_\_\_
- \_\_\_\_\_ Asthma/Inhaler \_\_\_\_\_
- \_\_\_\_\_ Epi-Pen \_\_\_\_\_
- \_\_\_\_\_ Current Medications \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

Immunizations up to date: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Last Physical: \_\_\_\_\_

I CERTIFY THAT \_\_\_\_\_ IS IN GOOD PHYSICAL CONDITION AND CAN PARTAKE IN ALL DAILY INDOOR AND OUTDOOR SPORTS ACTIVITIES SUCH AS SOCCER, BASEBALL, BASKETBALL, GYMNASTICS, DANCE, YOGA, RUNNING, CLIMBING AND JUMPING.

**Physicians Signature or Office Stamp** \_\_\_\_\_ **Date:** \_\_\_\_\_

BY MY SIGNATURE AND IN MY ABSENCE, I AUTHORIZE AND HEREBY GRANT PERMISSION TO ANY APPROVED USC STAFF MEMBER TO CALL 911 AND GIVE CONSENT FOR MY CHILD TO RECEIVE MEDICAL TREATMENT FROM 911 AND/OR ANY AREA HOSPITAL IN THE EVENT OF A MEDICAL EMERGENCY.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I UNDERSTAND THAT THE USE OF THE CAMP'S FACILITIES INVOLVE ACTIVITIES AND INTERACTIONS THAT MAY BE NEW TO CAMPERS, AND THAT THEY COME WITH RISKS AND UNCERTAINTIES THAT THEY MAY NOT BE USED TO AT HOME OR AT SCHOOL. I REALIZE THAT NO ENVIRONMENT IS RISK-FREE AND I AGREE TO WAIVE ANY CLAIMS FOR DAMAGE, INJURY OR ILLNESS AGAINST UPTOWN SPORTS COMPLEX OR ITS AGENTS WHILE UTILIZING ANY OF ITS FACILITIES.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_