

USC Summer Camp Registration Form

Today's Date ____/____/____



Camper's Name _____

How did you hear about us: _____

D.O.B. ____/____/____ Age _____ Sex _____ **FOOD ALLERGIES** circle **YES NO**
If yes to allergies please list _____

If there are multiple kids fill out separate form & indicate 1st child 2nd child 3rd 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 # _____

Baseball Camp 9am-3pm Gymnastics Camp 9am-3pm General Camp 9am-4pm

wk1 wk2 wk3 wk4 wk5 wk6 wk7 wk8 wk9
7/3-7/7 7/10-7/14 7/17-7/21 7/24-7/28 7/31-8/4 8/7-8/11 8/14-8/18 8/21-8/25 8/28-9/1

Early drop off and late pick up Request

____ No - My child does not need early drop off
____ Yes - My child will be dropped off before 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 3:00pm and 4:00pm (Older Campers) 4:00pm-5:00pm

Late pick up fee \$10.00 per day per child - Additional \$10 for every 1/2hr after (Must be paid same day - NO Exceptions)
____ day # 1 ____ day # 2 ____ day # 3 ____ day # 4 ____ day # 5 # Days ____ Total Due \$ _____

Authorized family members and/or friends pick up list

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: _____

We must be notified via email info@uptownsportscomplex.com to allow a person not on this list to pick up the child. We will call the parent who notified us to verify information and the person will need to show ID upon pick up.

Enrollment Contract: Please initial next to each statement:

I understand that USC plan and provide a spot for my child in the camp therefore any missed days, or early pick up cannot be deducted _____

I understand that if I withdraw my child after payment is made the payment is Non Refundable/Non Transferable _____

I understand pick up is until @3PM Specialty Camp @4pm General Camp and there is a late fee pickup if needed _____

I understand there is a \$42 registration fee (non-refundable), there is a 3% fee when paying with credit card/debit card. I understand there is a \$30 fee for returned checks and USC will only accept cash/debit payments if I have a returned check _____

I understand that USC reserves the right to determine whether or not my child will be a good fit at the USC. If USC determines that your child should not continue in the program for conduct and behavioral reasons USC will dismiss your child and return any monies due for the following weeks to come _____

I give permission to my child to eat/drink all snacks provided by the Uptown Sports Complex. I understand to send additional snack if needed (such as; but not limited to: cookies, crackers, cheese, fruit, juices, lemonade) _____

I have signed the electronic facility waiver online <https://uptownsports.waiverapps.com/locations/uptownsportscomplexfacility> _____

I give permission to my child to go on outdoor trip to nearby local parks and/or baseball field _____

I certify that my child is in good physical condition and can partake in all daily indoor & outdoor sports activities such as baseball, soccer basketball, gymnastics, dance, yoga, running, climbing & jumping _____

By my signature below & 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 _____ Initial & Sign _____

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 _____

I understand that if my child is allergic to any foods, it is my responsibility to educate my child on not eating any other foods from any other students in the program other than what’s given in their lunch box _____

I give Uptown Sports Complex authorized staff member(s) permission to apply the following to my child in the event of an, insect bite/ insect protection, sun exposure, itchy or red dry skin, minor scrape/cut (Please check below & Sign) Water Babies SPF 50 Hypoallergenic Sunscreen _____ Antibiotic Ointment (Neosporin) _____ Band-Aid Brand Hurt Free Antiseptic Wash _____ Hydrocortisone 1% Anti Itch Ointment _____ A&D Ointment _____ I will send my own topical products to be applied to my child if needed _____

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:

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 _____

ALLERGY STATEMENT (If Applicable)
*I hereby allow a manager staff member of Uptown Sports Complex to administer Benadryl or an Epi Pen that I have provided to them for my child _____, in the event that my child has a food related allergy and/ or allergic reaction _____

Immunizations up to date: Yes _____ No _____

* Date of Last Physical: ____/____/____ *MUST SUBMIT PHYSICAL BEFORE STARTING CAMP*

Parent/Guardian Print Name _____

Parent/Guardian Signature _____ Date _____

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

Registration Date ____/____/____

Sibling name if applicable _____

Campers First Name _____ Campers Last Name _____

Age _____ Sex _____ Returning Sibling Discount _____ Early Drop off Late Pick up

BB Camp 9am-3pm Gym Camp 9am-3pm General Camp 9am-4pm

wk1 wk2 wk3 wk4 wk5 wk6 wk7 wk8 wk9
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Total Weeks _____ X week rate \$ _____ Registration Fee \$ _____ Early/Late Total \$ _____

TOTAL DUE \$ _____

Credit Card 3% fee \$ _____ Total Due \$ _____ Payment cash check # _____

Payment Date ____/____/____

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 Additional Wks WK2 WK3 WK4 WK5 WK6 WK7 WK8 WK9

Amount Due \$ _____ Amount Paid Above \$ _____ Total Due \$ _____

Payment type cash check credit card (3% fee _____)

Total Amount Due \$ _____ Employee Initial _____

Date of Return ____/____/____ Circle Additional Wks WK2 WK3 WK4 WK5 WK6 WK7 WK8 WK9

Amount Due \$ _____ Amount Paid Above \$ _____ Total Due \$ _____

Payment type cash check credit card (3% fee _____)

Total Amount Due \$ _____ Employee Initial _____