



AT VALLEY VIEW

2008 Summer Camps

ALL SPORTS CAMP REGISTRATION FORM

(One registration form per camper!)

Camper Name: _____ Grade: _____ Age: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ E-mail: _____
 Work Phone Mom: _____ Work Phone Dad: _____
 Cell Phone Mom: _____ Cell Phone Dad: _____
 Emergency Contact Name: _____ Phone: _____
 T-Shirt Size: YM _____ YL _____ S _____ M _____ L _____ XL _____

ALL SPORTS CAMPS ATTENDING

_____	July 7-11	9am-4pm	
_____	July 7-11	Extended Day Option	#Days _____
_____	August 4-8	9am-4pm	
_____	August 4-8	Extended Day Option	#Days _____
_____	August 11-15	9am-4pm	
_____	August 11-15	Extended Day Option	#Days _____

CAMP FEES:

\$225/week (includes lunch and t-shirt)
Additional \$10 per day for extended hours

Payment is due with registration form and is non-refundable.

Cash, checks, or credit cards accepted. Make check payable to: Sportsplex

Player Permission to Participate/Consent for Medical Treatment

I the parent/guardian of the child named on this registration agree that my child and I will abide by all rules of the Sportsplex Camp for which my child is enrolled in, and to its counselor/coach in charge. I recognize the possibility of physical injury associated with the Sportsplex Camp, and hereby release, discharge and otherwise indemnify the Sportsplex at Valley View, it's employees and associated personnel.

Parent Signature: _____ Date: _____

For office use only:

Date received: _____

Type of payment:

Cash _____

Check _____ # _____

CC _____ # _____