

TAKOMA SPORTSCAMPS REGISTRATION FORM

Today's date _____ Did child attend Takoma SportsCamps last year? _____
 Name _____ Grade (spring 20 11) _____ circle one: M F
 Age (as of June 1, 2011) _____
 Home phone _____
 E-mail _____
 Parent or guardian _____
 Daytime contact (phone, pager etc) _____
 Parent or guardian _____
 Daytime contact (phone, pager etc) _____
 Mailing address _____

Emergency contacts

1) _____
 2) _____

Special concerns or medical considerations. Please let us know if your child takes any medication on a regular basis or if your child is discontinuing medication for the summer _____

Please indicate if camper will be enrolled in Takoma Park Rec extended care: _____ a.m. _____ p.m.

AFTERCARE: We provide aftercare between 3:30 and 4:00 when campers are walked by a member of our staff to Takoma Park Recreation Department's Extended Care at the Takoma Park Recreation Center. Register below for onsite aftercare.
For Takoma Park Recreation Department's program you must register directly with the Recreation Department: (301) 891-7290.

TAKOMA BASEBALL CAMP		
June 20 - 24	\$220.00	\$ _____
Aftercare and escort to Extended Care	\$15.00	\$ _____
June 27 - July 1	\$220.00	\$ _____
Aftercare and escort to Extended Care	\$15.00	\$ _____
TAKOMA BASKETBALL CAMP		
July 5 - 8	\$176.00	\$ _____
Aftercare and escort to Extended Care	\$15.00	\$ _____
July 11 - 15	\$220.00	\$ _____
Aftercare and escort to Extended Care	\$15.00	\$ _____
TAKOMA SOFTBALL CAMP		
July 18 - 22	\$220.00	\$ _____
Aftercare and escort to Extended Care	\$15.00	\$ _____
Total		\$ _____
\$25.00 WILL BE DEDUCTED FROM REFUND IF REGISTRATION IS WITHDRAWN PRIOR TO JUNE 15. AFTER JUNE 15 REFUNDS WILL BE ISSUED ONLY IF MEDICAL VERIFICATION IS PROVIDED.		
PAYMENT: Please attach check payable to Takoma SportsCamps or enter credit card information below:		
Name as it appears on credit card: _____	Card number: _____	Card type: _____
Expiration date: _____	Card security code: _____	

MAIL TO: Takoma SportsCamps
 7107 Poplar Avenue
 Takoma Park, MD 20912

How did you hear about Takoma SportsCamps? _____

LIABILITY WAIVER: As the parent or legal guardian of the above-named child, I grant my permission for this child to participate in Takoma SportsCamps. I grant permission for emergency first aid to be given in case of injury. I understand there are risks attendant to my child's participation in this sport program. I assume all risks and hazards incidental to such participation, including risk of serious injury. I grant permission for this child's photo, video or film likeness to be used for any legitimate purpose and I release and waive all claims against Takoma SportsCamps, its officers, coaches and other participants.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____