



Summer Day Camp Registration Form

Mail completed form and payment to:
 1331 O'Reilly Drive • Feasterville, PA 19053
 E-mail • Smoore@sportsplexpanew.com
 Phone • 215-355-2582 Fax • 215-953-1833

CHILD'S INFORMATION:		PARENT'S/LEGAL GUARDIAN'S INFORMATION:																																																																																													
Child's Name	Current Age	Parent's/Legal Guardian's Name																																																																																													
Street Address		Street Address <input type="checkbox"/> Same As Child																																																																																													
City, State, & Zip Code	E-mail Address	City, State, & Zip Code	E-mail Address																																																																																												
Home Phone #	Date of Birth	Home Phone # <input type="checkbox"/> Same As Child	Cell Phone #																																																																																												
EMERGENCY CONTACT:		Employer	Work Phone #																																																																																												
Contact Person (Relationship to Child)	Contact Phone #	Please Select the Camp For You Child to Attend: <input type="checkbox"/> All Sports/Tiny Sports <input type="checkbox"/> Soccer <input type="checkbox"/> Roller Hockey <input type="checkbox"/> Team Training (Roller Hockey) <input type="checkbox"/> Team Training (Soccer)																																																																																													
Contact Person (Relationship to Child)	Contact Phone #	CHILD'S HEALTH INFORMATION:																																																																																													
REGISTRATION & PAYMENT INFORMATION:		Health Insurance Company	Policy Number																																																																																												
<p style="color: red; text-align: center;"><i>Please check the box of the session(s) you plan on attending. Make checks payable to "All the Right Moves."</i></p> <p>Weekly Sessions (\$279 per week)</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Session 1</td><td>June 21-25</td><td>\$ 279.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 2</td><td>June 28-July 2</td><td>\$ 279.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 3</td><td>July 5-9</td><td>\$ 279.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 4</td><td>July 12-16</td><td>\$ 279.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 5</td><td>July 19-23</td><td>\$ 279.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 6</td><td>July 26-30</td><td>\$ 279.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 7</td><td>August 2-6</td><td>\$ 279.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 8</td><td>August 9-13</td><td>\$ 279.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 9</td><td>August 16-20</td><td>\$ 279.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 10</td><td>August 23-27</td><td>\$ 279.00</td><td>\$ _____</td></tr> </table> <p>5-Week Increments (Discounted to \$259 per week) (Five weeks must be selected to receive discount.)</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Session 1</td><td>June 21-25</td><td>\$ 259.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 2</td><td>June 28-July 2</td><td>\$ 259.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 3</td><td>July 5-9</td><td>\$ 259.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 4</td><td>July 12-16</td><td>\$ 259.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 5</td><td>July 19-23</td><td>\$ 259.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 6</td><td>July 26-30</td><td>\$ 259.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 7</td><td>August 2-6</td><td>\$ 259.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 8</td><td>August 9-13</td><td>\$ 259.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 9</td><td>August 16-20</td><td>\$ 259.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 10</td><td>August 23-27</td><td>\$ 259.00</td><td>\$ _____</td></tr> </table> <p>10-Session Summer Package (Discounted to \$249 per week)</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Sessions 1-10</td><td>July 13- Sept. 4</td><td>\$2490.00</td><td>\$ _____</td></tr> <tr><td></td><td>Registration Fee</td><td>\$ 25.00</td><td>\$ _____</td></tr> <tr><td></td><td>Total Amount Due</td><td></td><td>\$ _____</td></tr> </table>		<input type="checkbox"/> Session 1	June 21-25	\$ 279.00	\$ _____	<input type="checkbox"/> Session 2	June 28-July 2	\$ 279.00	\$ _____	<input type="checkbox"/> Session 3	July 5-9	\$ 279.00	\$ _____	<input type="checkbox"/> Session 4	July 12-16	\$ 279.00	\$ _____	<input type="checkbox"/> Session 5	July 19-23	\$ 279.00	\$ _____	<input type="checkbox"/> Session 6	July 26-30	\$ 279.00	\$ _____	<input type="checkbox"/> Session 7	August 2-6	\$ 279.00	\$ _____	<input type="checkbox"/> Session 8	August 9-13	\$ 279.00	\$ _____	<input type="checkbox"/> Session 9	August 16-20	\$ 279.00	\$ _____	<input type="checkbox"/> Session 10	August 23-27	\$ 279.00	\$ _____	<input type="checkbox"/> Session 1	June 21-25	\$ 259.00	\$ _____	<input type="checkbox"/> Session 2	June 28-July 2	\$ 259.00	\$ _____	<input type="checkbox"/> Session 3	July 5-9	\$ 259.00	\$ _____	<input type="checkbox"/> Session 4	July 12-16	\$ 259.00	\$ _____	<input type="checkbox"/> Session 5	July 19-23	\$ 259.00	\$ _____	<input type="checkbox"/> Session 6	July 26-30	\$ 259.00	\$ _____	<input type="checkbox"/> Session 7	August 2-6	\$ 259.00	\$ _____	<input type="checkbox"/> Session 8	August 9-13	\$ 259.00	\$ _____	<input type="checkbox"/> Session 9	August 16-20	\$ 259.00	\$ _____	<input type="checkbox"/> Session 10	August 23-27	\$ 259.00	\$ _____	<input type="checkbox"/> Sessions 1-10	July 13- Sept. 4	\$2490.00	\$ _____		Registration Fee	\$ 25.00	\$ _____		Total Amount Due		\$ _____	Name of Insured & Relationship to Child	
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		Physician's Name	Physician's Phone #																																																																																												
		List any medical conditions/ allergies.																																																																																													
		Is child allergic to bee stings? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	If yes, indicate treatment necessary. <input type="checkbox"/> Medication <input type="checkbox"/> Hospitalization																																																																																												
CONSENT: Signature REQUIRED for child to attend camp.																																																																																															
<p>I authorize Sportsplex and All The Right Moves Summer Camp, its agents, employees, staff members, directors, and officers to perform the following actions if necessary, in their best judgement, in an emergency and I hereby release and discharge Sportsplex, its agents, employees, staff members, directors, and officers from any responsibility or liability related there to.</p> <ul style="list-style-type: none"> Obtaining Emergency Medical Care Administration of First Aid Procedures All Swimming (CPR Certified Lifeguards) Administration of Medications upon Request: <p>If necessary, your child's prescription medication(s) can be dispensed in our office. The parent/legal guardian must submit a written request with this form, accompanied with directions for administration. All medications must be in the original pharmaceutical bottle/package. Refrigeration is available.</p>																																																																																															
Parent's/Guardian's Signature		Date																																																																																													
X																																																																																															
DISCIPLINE POLICY:																																																																																															
<p>During summer activities at The Sportsplex, campers are expected to exhibit appropriate behavior at all times and respect the rules of The Sportsplex and All The Right Moves Summer Day Camp. It is agreed that any camper who does not follow such regulations, or who endangers self or others in any way, will be immediately removed from the program, parents contacted, the camper will not be permitted to return for the duration of the program, and no refund will be given.</p>																																																																																															
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READ AND SIGN TO SHOW AGREEMENT:																																																																																															
<p>Release and Waiver of Liability, Assumption of Risk, and Indemnity and Parental Consent Agreement</p> <p>I hereby release and discharge Sportsplex and All The Right Moves Summer Camp, its agents, employees, staff members, directors, and officers from any claims, responsibilities, or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation as a player or spectator in programs and activities. I fully understand that these activities involve risks and dangers of serious bodily injury. These risks and dangers may be caused by my own actions or inaction's, the risks and social and economic losses either not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the activity. I authorize Sportsplex and All The Right Moves Summer Camp, its agents, employees, staff members, directors, and officers to take whatever action is necessary, in their best judgement, in an emergency and I hereby release and discharge Sportsplex, its agents, employees, staff members, directors, and officers from any responsibility or liability related there to.</p>																																																																																															
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PHOTO RELEASE:																																																																																															
<p>I hereby give my consent for "All the Right Moves" to use any photograph of my child taken during camp activities to be used in any marketing campaign, print or online. I release "All the Right Moves" from any expectation of confidentiality for the undersigned minor child and myself, and attest that I am the parent or legal guardian of the children listed below.</p>																																																																																															
Child's Name	Parent's/Guardian's Signature																																																																																														
	X																																																																																														
HOW DID YOU HEAR ABOUT "ALL THE RIGHT MOVES?"																																																																																															