



HOLIDAY SPORTS CAMP REGISTRATION FORM

Mail completed form & payment to:

1331 O'Reilly Drive • Feasterville, PA 18966
 E-mail • Dmmelms@comcast.net or Smoore@sportsplexpanew.com
 Phone • 215-355-2582 Web • sportsplexpanew.com

CHILDS 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		City, State, & Zip Code																			
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 #	CHILDS HEALTH INFORMATION:																			
Contact Person (Relationship to Child)	Contact Phone #	Health Insurance Company	Policy Number																		
REGISTRATION & PAYMENT INFORMATION:		Name of Insured & Relationship to Child																			
<p><i>Please check the box of the session(s) you plan on attending. Make checks payable to "All the Right Moves."</i></p> <table border="0"> <thead> <tr> <th>Daily Sessions 9AM-1PM</th> <th>Price</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Monday, December 29</td> <td>\$ 60.00</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Tuesday, December 30</td> <td>\$ 60.00</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Wednesday, December 31</td> <td>\$ 60.00</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Register for all three days and save!</td> <td>\$169.00</td> <td>\$ _____</td> </tr> <tr> <td></td> <td>TOTAL</td> <td>\$ _____</td> </tr> </tbody> </table>		Daily Sessions 9AM-1PM	Price	Total	<input type="checkbox"/> Monday, December 29	\$ 60.00	\$ _____	<input type="checkbox"/> Tuesday, December 30	\$ 60.00	\$ _____	<input type="checkbox"/> Wednesday, December 31	\$ 60.00	\$ _____	<input type="checkbox"/> Register for all three days and save!	\$169.00	\$ _____		TOTAL	\$ _____	Physician's Name	
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		Physician's Phone #																			
		List any medical conditions/ allergies.																			
		CONSENT: Signature REQUIRED for child to attend camp.																			
		<small>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..</small>																			
Child's T-Shirt Size <input type="checkbox"/> S (4-6) <input type="checkbox"/> M (6-8) <input type="checkbox"/> L (10-12) <input type="checkbox"/> XL (14-16)		Obtaining Emergency Medical Care Administration of First Aid Procedures All Swimming (CPR Certified Lifeguards)																			
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card		Administration of Medications upon Request: <small>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.</small>																			
*Credit Card Information: <input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <small>*Credit card information required for registration, unless paid in full .</small>		Parent's/ Guardian's Signature Date																			
Name on Card		X																			
Zip Code		DISCIPLINE POLICY:																			
Credit Card Number		<small>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.</small>																			
Expiration Date (MM/YY)		Parent's/ Guardian's Signature Date																			
Signature of Cardholder		X																			
PHOTO RELEASE:		READ AND SIGN TO SHOW AGREEMENT:																			
<small>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.</small>		Release and Waiver of Liability, Assumption of Risk, and Indemnity and Parental Consent Agreement <small>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 of 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.</small>																			
Child's Name	Parent's/ Guardian's Signature																				
	X																				
HOW DID YOU HEAR ABOUT "HOLIDAY CAMP?"		Parent's/ Guardian's Signature Date																			
		X																			