



Camp Director • Mike Nelms
 Cell Phone • 215-510-0236
 Dmnelms@Comcast.net

2011 Summer Day Camp Registration Form

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		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 #	SELECT YOUR CHILD'S SPORT CHOICE:																																										
Contact Person & Relationship to Child	Contact Phone #	<input type="checkbox"/> All Sports <input type="checkbox"/> Tiny Sports (Ages 4-6) <input type="checkbox"/> Roller Hockey <input type="checkbox"/> World Cup Soccer																																										
REGISTRATION & PAYMENT INFORMATION:		CHILD'S HEALTH INFORMATION:																																										
<p><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</p> <table border="0"> <tr><td><input type="checkbox"/> Session 1</td><td>June 27-July 1</td><td>\$ 279.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 2</td><td>July 5-8</td><td>\$ 225.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 3</td><td>July 11-15</td><td>\$ 279.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 4</td><td>July 18-22</td><td>\$ 279.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 5</td><td>July 25-29</td><td>\$ 279.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 6</td><td>August 1-5</td><td>\$ 279.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 7</td><td>August 8-12</td><td>\$ 279.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 8</td><td>August 15-19</td><td>\$ 279.00</td><td>\$ _____</td></tr> <tr><td><input type="checkbox"/> Session 9</td><td>August 22-26</td><td>\$ 279.00</td><td>\$ _____</td></tr> </table> <p>9-Session Summer Package</p> <table border="0"> <tr><td><input type="checkbox"/> Sessions 1-9</td><td>June 27-Aug. 26</td><td>\$2150.00</td><td>\$ _____</td></tr> </table> <p>Registration Fee \$ \$ 25.00 Total Amount Due \$ _____</p>		<input type="checkbox"/> Session 1	June 27-July 1	\$ 279.00	\$ _____	<input type="checkbox"/> Session 2	July 5-8	\$ 225.00	\$ _____	<input type="checkbox"/> Session 3	July 11-15	\$ 279.00	\$ _____	<input type="checkbox"/> Session 4	July 18-22	\$ 279.00	\$ _____	<input type="checkbox"/> Session 5	July 25-29	\$ 279.00	\$ _____	<input type="checkbox"/> Session 6	August 1-5	\$ 279.00	\$ _____	<input type="checkbox"/> Session 7	August 8-12	\$ 279.00	\$ _____	<input type="checkbox"/> Session 8	August 15-19	\$ 279.00	\$ _____	<input type="checkbox"/> Session 9	August 22-26	\$ 279.00	\$ _____	<input type="checkbox"/> Sessions 1-9	June 27-Aug. 26	\$2150.00	\$ _____	Health Insurance Company		Policy Number
<input type="checkbox"/> Session 1	June 27-July 1	\$ 279.00	\$ _____																																									
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		Name of Insured & Relationship to Child																																										
		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																																									
PHOTO RELEASE:		CONSENT: Signature REQUIRED for child to attend camp.																																										
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.		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.,																																										
Child's Name	Parent's/Guardian's Signature	<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: 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.																																										
X																																												
READ AND SIGN TO SHOW AGREEMENT:		DISCIPLINE POLICY:																																										
Release and Waiver of Liability, Assumption of Risk, and Indemnity and Parental Consent Agreement 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.		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.																																										
Parent's/Guardian's Signature	Date	Parent's/Guardian's Signature	Date																																									
X		X																																										
HOW DID YOU HEAR ABOUT "ALL THE RIGHT MOVES?"																																												

**Mail/Fax Completed Form and Payment to:
 78 Pine Run Drive • Holland, PA 18966
 Fax • 215-504-4203**