

SUNSET ATHLETIC CLUB
SUMMER CAMP 2010



Camp cost includes a pizza lunch party on the last day of camp.

Monday - Friday 9AM - 1PM

Cost: \$79.00 SAC Member

\$89.00 Non-Member

SPORTS & ACTIVITIES CAMP

Ages 6 to 10

We will play a variety of sports including, but not limited to, basketball, soccer, climbing wall, racquetball,, swimming and tennis.

Our coaches provide fun, energy and leadership for a summer full of great memories!

Session 1:	June 21 - June 25
Session 2:	June 28 - July 2
Session 3:	July 12 - July 16
Session 4:	July 19 - July 23
Session 5:	July 26 - July 30
Session 6:	August 2 - August 6
Session 7:	August 9 - August 13
Session 8:	August 16 - August 20
Session 9:	August 23 - August 27

SQUIRTS SPORTS CAMP

AGES 4 TO 6

Our adventures range from sports, water-play and hikes to circle games and relays.

It's always about friendly activities where everyone wins!

Session 1:	Not Available
Session 2:	June 28 - July 2
Session 3:	July 12 - July 16
Session 4:	July 19 - July 23
Session 5:	July 26 - July 30
Session 6:	Not Available
Session 7:	August 9 - August 13
Session 8:	Not Available
Session 9:	Not Available

REGISTRATION REQUIRED
SIGN UP AT THE SERVICE DESK TODAY!

What you need to know to have the most fun!

1. Wear play clothes that can get dirt.
 2. Wear tennis shoes with backs and non-marking soles that you can run, climb and play in.
 3. All campers should bring swimming suits and towels every day.
 4. Your child will need a lunch Monday - Thursday. Friday we celebrate the last day of camp with a pizza lunch!
- Sunset Athletic Club cannot be responsible for lost or stolen items, but we will provide a camp lost and found area.

Advanced registration is required for all Sports and Athletic Camps. Weekly rates only.

SQUIRTS SPORT CAMPERS will participate in outdoor water play. Please contact your child's counselor if you have any questions.

SPORTS CAMPERS will swim in the pool and require parental/guardian permission. Feel free to discuss this with camp staff.

Sunset Athletic Club cannot be responsible for lost or stolen items, but we will provide a camp lost and found area. We do not pro rate Sports & Activities Camp fees.

CAMP REGISTRATION

<i>Check one</i>		CIRCLE ONE									
Sports Camp	<input type="checkbox"/>	Session	1	2	3	4	5	6	7	8	9
Squirts camp	<input type="checkbox"/>	Session	n/a	2	3	4	5	6	7	n/a	n/a

Child's Name _____ Age _____
 Address _____
 Home Phone _____ Work Phone _____ Cell _____
 Emerg. Contact _____ Phone _____

CAMP REGULATIONS

1. All campers must stay with group leader during camp hours.
2. If a child has an appointment (swim lessons, tennis lessons, etc.) During camp hours, the head counselor must be notified before the camp begins. Arrangements will then be made to assist your child to the appointment/lesson.
3. Parents will be notified if child/ren are exceedingly disruptive and asked we reserve the right to ask the parent to take the disruptive child home.

Thank you for your cooperation and participation; it is going to be a GREAT SUMMER!

MEDICAL HISTORY

Please check if your child has had any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Wear Contacts |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Food Allergies |
| <input type="checkbox"/> Fractures | |

Other serious injuries, illness, or surgeries: _____

1. I give permission for my child to participate in the Sunset Athletic Club Summer Camp Program, and I do hereby grant permission to hospital staff to administer immediate treatment to my child should they be injured should parents and emergency contact be unavailable.
2. I also agree to hold harmless Sunset Athletic club and it's staff for any injury incurred as a result of my child's participation in the program. I understand SAC provides the maximum in safety procedure and guide lines, and therefore cannot assume responsibility for any accidents or injuries that occur.

Parents Signature _____ Date _____

- Please charge my SAC account the first day of camp. My Club Member Number is _____
- I choose to pay with check. My check or a receipt is attached to this registration.
- I will pay by check the first day of camp.

