

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

**SPORTS CAMPERS** will swim in the pool (this is not a swim lessons) and require parental/guardian permission. Feel free to discuss this with camp coaching 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

(One child per Registration Form)

Select Camp  
↓

Select Camp by Circling Camp Session Below

	<b>Sports Camp</b>	<b>Session</b>	1	2	3	4	5	6	7	8	9
	<b>Squirts camp</b>	<b>Session</b>	n/a	2	3	4	5	6	7	8	9

*We will make confirmation calls a couple of days before your selected session*

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

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 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:

- |                    |                |                   |                  |
|--------------------|----------------|-------------------|------------------|
| __ Rheumatic Fever | __ Head Injury | __ Fractures      | __ Wear Contacts |
| __ Heart Trouble   | __ Epilepsy    | __ Food Allergies | __ Asthma        |
| __ Hernia          | __ Diabetes    | __ Hay Fever      |                  |

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 its 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 \_\_\_\_\_

\*A Climbing waiver and Pool waiver will be required from parent to be submitted on/or before the first day of camp. The link for those forms can be found at <http://www.sunsetac.com/youth-programs.html> or at the SAC Service Desk. Waivers will also be provided for the parent to complete the first day of camp.

### Payment Options (please mark one)

- 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.