



# KIDS CAMP!

NAME OF CHILD: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: M/F

ADDRESS: \_\_\_\_\_ CITY, ZIP CODE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT #1 NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

EMERGENCY CONTACT #2 NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

Any food or drug allergies: \_\_\_\_\_

Any other information we should know about your child:

\_\_\_\_\_  
\_\_\_\_\_

Any siblings in camp with the above child?

Name(s) \_\_\_\_\_

\*Camp time: 8:30am to 3:30pm- \$140/week or \$30 Daily rate

\* Early drop off and late pick up option for an additional \$5 per day as needed 7:30am – 5:30pm

Which days/week will you be

attending: \_\_\_\_\_  
\_\_\_\_\_

With my signature below, I give my preference as to whether my child's photo/video images to be used for publication purposes by Fair Play Indoor Soccer. These images can be used in print and on the World Wide Web minus names. \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_