

TAKOMA SPORTSCAMPS REGISTRATION FORM

Today's date _____ Did child attend camp last year? _____
 Name _____ Grade (spring 2008) _____ circle one: M F
 Age (as of July 1, 2008) _____ Home phone _____
 E-mail _____
 Parent or guardian _____
 Daytime contact (phone, pager etc) _____
 Parent or guardian _____
 Daytime contact (phone, pager etc) _____
 Mailing address _____

Emergency contacts
 1) _____
 2) _____

Special concerns or medical considerations. Please let us know if your child takes any medication on a regular basis or if your child is discontinuing medication for the summer _____

Please indicate if camper will be enrolled in Takoma Park Rec extended care: _____ a.m. _____ p.m.

AFTERCARE: For the week of June 16 - 20 *only*, we will provide aftercare at Camp until 6:00. For all other weeks we will provide aftercare between 3:30 and 4:00 when campers are walked by a member of our staff to Takoma Park Recreation Department's Extended Care at the Takoma Park Recreation Center. Register below for onsite aftercare. **For Takoma Park Recreation Department's program you must register directly with the Recreation Department: (301) 891-7290.**

EARLY REGISTRATION DISCOUNT IF YOU REGISTER AND PAY BY MAY 15: DEDUCT \$15.00 PER WEEK		
TAKOMA BASEBALL CAMP		
June 16 - 20	\$200.00	\$ _____
Aftercare 3:30 - 6:00 at camp <i>this week only</i>	\$50.00	\$ _____
June 23 - June 27	\$200.00	\$ _____
Aftercare and escort to Extended Care	\$15.00	\$ _____
TAKOMA BASKETBALL CAMP		
June 30 - July 3	\$160.00	\$ _____
Aftercare and escort to Extended Care	\$15.00	\$ _____
July 7 - 11	\$200.00	\$ _____
Aftercare and escort to Extended Care	\$15.00	\$ _____
TAKOMA SOFTBALL CAMP		
July 14 - 18	\$200.00	\$ _____
Aftercare and escort to Extended Care	\$15.00	\$ _____
Please consider making a donation to our Scholarship Fund. Each year approximately 15% of our campers attend at a free or reduced rate		
		\$ _____
Total		\$ _____
\$25.00 WILL BE DEDUCTED FROM REFUND IF REGISTRATION IS WITHDRAWN PRIOR TO JUNE 15. AFTER JUNE 15 REFUNDS WILL BE ISSUED ONLY IF MEDICAL VERIFICATION IS PROVIDED.		

PAYMENT: Please attach check payable to Takoma SportsCamps or enter credit card information below:
 Name as it appears on credit card: _____ Card type: _____
 Card number: _____ Card security code: _____
 Expiration date: _____

MAIL TO: Takoma SportsCamps
 7107 Poplar Avenue
 Takoma Park, MD 20912

How did you hear about Takoma SportsCamps? _____

LIABILITY WAIVER: As the parent or legal guardian of the above-named child, I grant my permission for this child to participate in Takoma SportsCamps. I grant permission for emergency first aid to be given in case of injury. I understand there are risks attendant to my child's participation in this sport program. I assume all risks and hazards incidental to such participation, including risk of serious injury. I grant permission for this child's photo, video or film likeness to be used for any legitimate purpose and I release and waive all claims against Takoma Park Recreation Department, Takoma SportsCamps, Takoma Park Youth Baseball, Inc., its officers, coaches and other participants.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____