

# TAKOMA SPORTSCAMPS REGISTRATION FORM – PRINT AND MAIL IN

Today's date \_\_\_\_\_ Did child attend Takoma SportsCamps last year? \_\_\_\_\_  
 Name \_\_\_\_\_ Grade (spring 20 10) \_\_\_\_\_ circle one: M F  
 Age (as of July 1, 2010) \_\_\_\_\_ 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:** We 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.**

<b>EARLY REGISTRATION DISCOUNT IF YOU REGISTER AND PAY BY APRIL 15: DEDUCT \$15.00 PER WEEK</b>		
<b>TAKOMA BASEBALL CAMP</b>		
June 21 – 25	\$200.00	\$ _____
Aftercare at camp until 4:00. No extended care at TP rec	\$15.00	\$ _____
June 28 – July 2	\$200.00	\$ _____
Aftercare and escort to Extended Care	\$15.00	\$ _____
<b>TAKOMA BASKETBALL CAMP</b>		
July 5 - 9	\$200.00	\$ _____
Aftercare and escort to Extended Care	\$15.00	\$ _____
July 12 - 16	\$200.00	\$ _____
Aftercare and escort to Extended Care	\$15.00	\$ _____
<b>TAKOMA SOFTBALL CAMP</b>		
July 19 - 23	\$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		
		\$ _____
<b>Total</b>		<b>\$ _____</b>
<b>\$25.00 WILL BE DEDUCTED FROM REFUND IF REGISTRATION IS WITHDRAWN PRIOR TO JUNE 15.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.</b>		

**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 SportsCamps, its officers, coaches and other participants.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_