



ALL-SPORT SUMMER CLINICS

2007 Registration Form

For office use:
 Sport _____
 Regist. _____
 Paid _____ Health _____

Camper's Name _____ Camper's Home # _____

Camper's Address _____ City, State, _____ Zip _____

Mother's Name _____ Home Phone _____ Cell # _____ Bus. Phone _____

Father's Name _____ Home Phone _____ Cell # _____ Bus. Phone _____

Birthdate _____ Age by 7/1/07: Years _____ Months _____ Sept. 2007 Grade _____ School _____ Position _____

EMAIL ADDRESS: _____ **Emergency Contact #** _____

Please check off the Clinic(s) you will be attending and submit full payment by June 1, 2007

<u>L.I. PASSING SCHOOL</u> July 11-13th (5:30-8:30pm)		<input type="checkbox"/>
<u>ALL STAR BOYS LACROSSE</u> July 18-20th (5:30-8:30pm)		<input type="checkbox"/>
<u>BOYS BASKETBALL CLINIC</u> July 24-26th (5:30-8:30pm)		<input type="checkbox"/>
<u>BOYS SOCCER PREP CAMP</u> July 31-Aug. 2nd (5:30-8:30pm)		<input type="checkbox"/>
<u>GIRLS SOCCER PREP CAMP</u> Aug. 7-9th (5:30-8:30pm)		<input type="checkbox"/>

ALL-SPORT CLINICS-\$180
3 DAY CLINICS (5:30-8:30pm)
(All players entering 7-12 grade)

Friends Academy Student-10% off

**Please make checks payable to
 FA SUMMER CAMPS.**

**ALL CLINICS- (GRADES 7-12TH)
 BRING SNEAKERS FOR INDOOR USE**

TERMS OF ENROLLMENT AGREEMENT

1. Full payment is due upon receipt of this enrollment form. Please make checks payable to FA Summer Camps
2. Tuition includes use of all facilities, tee-shirt, some athletic equipment and water/Gatorade stations
3. **Due to the seasonal nature of summer camps and commitment to staff as well as limited spaces, no refund shall be provided for changes withdrawals, or dismissal for cause**
4. For the General welfare of all campers, Friends Academy Summer Camps reserves the unrestricted right to dismiss any camper whose conduct or influence, in the opinion of the director, is inimical to the best interests of the camp. Admission is limited due to the needs of the program..
5. Days missed due to illness, vacation, or absence may not be changed or substituted.
6. In the event that that family, guardians, or family physician cannot be contacted in an emergency, I hereby give consent to Friends Academy Summer Camps to administer any emergency medical treatment to my child.
7. Friends Academy Summer Camps will not be responsible for any lost or stolen items.
8. It is understood that all photography or videography taken of my child may be used for promotional purposes such as brochures, newsletters, calendar, and camp website.
9. Participant hereby agrees to relaease and waive and to indemnify and hold harmless Friends Academy, it's officers, trustees, coaches, employees, and agents from any claims of any nature whatsoever arising out of , or in any way relating to the activities thereof.
10. In the event that this agreement is executed by one parent, the signor acknowledges that he/she is also acting as the agent of the other parent with authority to enroll his/her child at camp and to execute this agreement on his or her behalf.

***I have read the Enrollment Agreement, and understand its terms and accept its conditions.**

Parent Signature: _____ Date: _____