



# REGISTRATION FORM

### MEMBERSHIP LEVEL

- Bronze    
  Silver    
  Platinum    
  NON-MEMBER

Child's Name \_\_\_\_\_ Male/Female \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Youth T-shirt size \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Years attending Summer Camp? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

<p><b>Does the Participant have any allergies or special needs?</b></p> <p>No    Yes    If yes, please specify _____</p> <p>_____</p>
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## Tot Camp

**\$100 member / \$110 non-member**

- Session 1: June 19th - 23rd
- Session 2: July 10th - 14th
- Session 3: July 24th - 28th

## Athletic Day Camp

**\$165 member /190 non-member**

- Session 1: June 12th - 16th
- Session 2: June 19th - 23rd
- Session 3: June 26th - 30th
- Session 4: July 10th - 14th
- Session 5: July 17th - 21st
- Session 6: July 24th - 28th

### Cancellation Policy

You may receive a refund 10 days from sign up date minus a processing fee of \$20 per child. After 10 days, refunds will be at the discretion of the Camp Administrator and Director.

You may switch weeks as long as there is space available and it is 14 days from the first day of camp. Cost will be \$20 for switching weeks if less than 14 days.

Tot & Athletic Club Camp checks make payable to Riverwood Athletic Club.

**Please Return forms to Riverwood Athletic Club**

### 10% Early Bird Discount

for multiple children or multiple weeks before May 22nd

<b><u>OFFICE ONLY</u></b>	
# of Sessions: _____	Method of Payment: _____
Total: _____	Check # _____
Payment Date: _____	



# MEDICAL AUTHORIZATION & RELEASE AGREEMENT

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_,  
(Print your first and last name) (Print your child's first and last name)

consent to my child's participation in the specified Sports Club Camp programs. In an emergency I can be reached at the numbers listed below. In the event that I cannot be reached, I authorize Fred Smith Company Sports Club staff to authorize or refuse necessary emergency treatment for my child.

I further agree to indemnify, protect and hold harmless Fred Smith Company, its officers, board members, supervisors, agents, servants, employees, and all other persons without charge to supervise or chaperone the children who participate in this activity (collectively Fred Smith Company Personnel) from any claim or liability whatsoever, including, but not limited to personal injury, property damage, court costs, attorney's fees and interest, however caused, even if caused by the negligence of Fred Smith Company, as a result of my child's participation.

I further agree that Fred Smith Company, its officers, board members, agents, servants, or employees reserve the right to terminate the participation of my child in the program for failure to behave and act in accordance with the Fred Smith Company Sports Club Camp regulations on conduct, or for failure to follow the instructions and directions of the supervisors or chaperones, or for any acts of conduct deemed by the agents of Fred Smith Company to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the program. If the participation is terminated, no participation fees will be refunded.

- I have read and understand the cancellation policy.
- I understand that Sports Club Camp will take pictures of my child. I give permission to use these pictures for promotional purposes.
- In addition, I give permission for my son or daughter to be transported in vehicles for camp approved transportation and activities at Sports Club Camp as well as transportation to and from medical facilities.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

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## EMERGENCY CONTACT NUMBERS:

Call 1st: \_\_\_\_\_  
(e.g. "Mom's cell phone" or "Dad at work") Phone Number

Call 2nd: \_\_\_\_\_

Alternate Emergency Contact Person's Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_