



Sunset Athletic Club

SPRING BREAK SPORTS CAMP

Your favorite coaches return with lots of crazy fun in store for each and every camper! We will explore a variety of sports, athletic activities, games and relays.

March 23 & 24

9am – 1pm

\$30 member \$38 non-members

Boys and girls ages 6 – 10 years old.

Includes a pizza party lunch on Tuesday!

Campers must bring a lunch on Monday

SPORTS CAMPERS

Sunset Athletic Club cannot be responsible for lost or stolen items, but we will provide a camp lost and found area.

CAMP REGISTRATION

Child's Name _____ Age _____

Address _____

Home Phone _____ Work Phone _____ Cell _____

Emerg. Contact _____ Phone _____

CAMP REGULATIONS

1. All campers must stay with group leader during camp hours.
2. If a child has an appointment (swim lessons, tennis lessons, etc.) During camp hours, the head counselor must be notified before the camp begins. Arrangements will then be made to assist your child to the appointment/lesson.
3. Parents will be notified if child/ren are exceedingly disruptive and asked we reserve the right to ask the parent to take the disruptive child home.

Thank you for your cooperation and participation; it is going to be a Camp!



MEDICAL HISTORY

Please check if your child has had any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Wear Contacts |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Food Allergies |
| <input type="checkbox"/> Fractures | |

Other serious injuries, illness, or surgeries: _____

1. I give permission for my child to participate in the Sunset Athletic Club Summer Camp Program, and I do hereby grant permission to hospital staff to administer immediate treatment to my child should they be injured should parents and emergency contact be unavailable.
2. I also agree to hold harmless Sunset Athletic club and it's staff for any injury incurred as a result of my child's participation in the program. I understand SAC provides the maximum in safety procedure and guide lines, and therefore cannot assume responsibility for any accidents or injuries that occur.

Parents Signature _____ Date _____

- Please charge my SAC account the first day of camp. My Club Member Number is _____
- I choose to pay with check. My check or a receipt is attached to this registration.
- I will pay by check the first day of camp.