



Welcome Parents and Campers

We are excited to have you be a part of the fun this summer and look forward to helping your children reach their goals. Our coaches and counselors are ready and excited and we hope you are too. A few things to keep in mind :

You will need to create an Account before registering your child. If you are a member use your email address on file to create an account. If you aren't a member, no worries; simply create a guest account, and proceed to registration.

Registration: all camps paid in full.

Cancellations: refunds less a \$50 processing fee if cancelled before May 7th. Please request a refund by contacting Camp Director Alana@sportscentermorehead.com .

Below you will find all necessary paperwork (don't forget to print and sign the covid waiver) to turn in with your payment.

If you have any questions, please email Alana@sportscentermorehead.com.

Alana Counts

REGISTRATION FORMS

Childs Name: _____ Age _____ Grade _____

Parents Name: _____

Parents Address _____ Zip Code _____

Parents Contact (phone number and email) BEST # TO REACH YOU AT.

_____ email _____

Parents Place of work _____ Work # _____

Emergency Contact: _____ & Phone Number _____

Relationship to child _____

SIBLINGS ATTENDING CAMP _____

PLEASE CHECK CAMP OF CHOICE

Camp	Session One		Session Two	
Basketball	June 14th-28th		June 28th-July 2nd	
Soccer	June 21st-25th		July 26th-30th	
Volleyball	July 5th-9th		July 19th-23rd	
Traditional Camp	July 12th-16th		August 2nd-6th	
Swim Conditioning	June 7th-11th *Ages 11-16 only		Please note this camp is for ages 11-16 only.	

Name and number(s) of person(s) other than parents allowed to pick up your child

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the Program Director. All information will be kept confidential.

By signing here you are allowing the individuals listed above to pick up your child.

Print Name: _____ Signiture _____ Date _____

MEDICAL RELEASE/INFORMATION

Please fill out and return one week prior to the start of the program. Children will not be allowed to participate without all paperwork turned in.

Date _____ Childs Name _____

Physician's Name _____ Number _____

Physician's Address _____ City _____ State _____ Zip _____

Name any current medical conditions for which child is currently being treated for _____

List any medications child is currently taking

List any allergies _____

List any other medical needs we may need to know about the child.

By signing this form, I am allowing my child/children to participate in all activities as described in program settings, and do not hold the Sports Center or their staff responsible for any injuries while at the Sports Center. I also hereby give my permission for staff to obtain the necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Signature _____ Relationship to child _____