



Memorial Indoor Spring Break Camp Registration Form

(March 12 - 16)

Memorial Indoor Sports Academy will be holding a spring break camp hosted by our awesome coaches! Our activities will include soccer (ball mastery, drills, soccer tricks dribbling), whiffle ball, kickball, dodgeball, and more will be offered.

Tuition:

- Full day camp from 9:00-3:00. \$199 for the week. *Lunch will not be provided*
- Ages 5-12
- Per day is \$50 drop in
- 15% off for sibling(s)

Payment is required upon registration. Cancellation is required 24 hours in advance for a refund

Registration may be emailed to info@memorialindoor.com or turned in at the front desk of Memorial Indoor Sports Academy.

First Name: _____ Last Name: _____
Date of Birth: _____ Gender M or F: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Parents' name: _____ contact #(required): _____
Email address (required): _____
Emergency contact name: _____ contact #: _____
Allergies? _____ Physician Name and #: _____

THIS SECTION MUST BE SIGNED BY PARENT AND/OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED.

I hereby give permission to Memorial Indoor to transport the child named above off premises for the purpose of medical care or program activities as deemed appropriate by the camp director. In the event I cannot be reached in emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthetic, or surgery for the child named above. I understand that Memorial Indoor does not provide accident/medical insurance for the child named above. Medical bills, including prescription drugs, will be the responsibility of the parent or guardian named below. I authorize Memorial Indoor to use any of my credit cards on file to pay for medical bills and/or prescription drugs. Rules for campers are the same for everyone without regard to race, color, religion, gender, disability or sexual orientation. I understand that all campers will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that Memorial Indoor reserves the right to dismiss a child from camp whose conduct is not in the best interest of the camp community, without refund. I will notify the director and staff if my child has any serious restrictions related to his/her participation in the camp program. I agree to the following policies regarding camp fees: Deposits are non-refundable; no refund will be given for canceling the day of my child's camp session(s). No refunds are given if camper leaves early due to homesickness or personal commitments. Memorial Indoor has permission to use photographs taken of my child while at camp for promotional purposes, unless otherwise told by you we do not have permission.

Signature of Parent/Guardian: _____ Date: _____