

SFK Sports Camp Registration

Childs Information

Child's Name: _____ Gender: M | F
First Last

Age: _____ D.O.B. _____ (day/month/year) Special Notes: _____

Address: _____
Street Address City Postal Code

Family Information

Parent/Guardian Name: _____

Relationship to child: _____ Address: _____

Home #: _____ Work #: _____ Cell #: _____

Employer: _____ E-mail: _____

Parent/Guardian Name: _____

Relationship to child: _____ Address: _____

Home #: _____ Work #: _____ Cell #: _____

Employer: _____ E-mail: _____

Medical Information

Ongoing Medications / Medical Concerns: _____

Immunizations are up to date: Yes No | Does your child require an epi pen? Yes No

Allergies: No Yes If yes, please list: _____

First Aid Permission (applies to all participants)

I _____ give my permission Sports for Kids Staff to administer any first aid they deem necessary. I also give Sports for Kids Staff permission to phone for an ambulance as the situation demands and I will be responsible for any costs incurred (i.e. Ambulance ride).

Parent Signature _____ Date _____

Important Information

- Ensure staff has acknowledged arrival/departure of your child each day before you leave.
- Please label all personal items (we are not responsible for lost or stolen items)
- Indoor shoes are required and suitable for outdoor wear - please no slippers or flip flops
- Tidy your child's cubby daily and check for newsletters or other center communication.
- Provide appropriate seasonal items (i.e. sunscreen, hat, water bottle, bug spray, etc.)
-

Parent Signature _____ Date _____