

# TAG USA NO SCHOOL SPORTS CAMP

## 2016-17 Registration Form

1951 N. Commerce Parkway, Weston, FL 33326

954-384-9393 / 954-384-9191

\_\_\_ Senior (age 5-15) Camp (\$45)

\_\_\_ Preschool (age 4-5) Camp (\$30)

\_\_\_ Mon, Oct 3 \_\_\_ Wed, Oct 12 \_\_\_ Fri, Oct 28 \_\_\_ Mon, Nov 8 \_\_\_ Fri, Nov 11 \_\_\_ Wed, Nov 23

WINTER CAMP: \_\_\_ Dec 26 \_\_\_ 27 \_\_\_ 28 \_\_\_ 29 \_\_\_ 30 & \_\_\_ Jan 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6

**1<sup>st</sup> Child's Name** \_\_\_\_\_ M/F Age: \_\_\_\_\_

Birth Date \_\_\_\_\_ **First** \_\_\_\_\_ **Last** \_\_\_\_\_  
Med/Injuries/Allergies \_\_\_\_\_

**2<sup>nd</sup> Child's Name** \_\_\_\_\_ M/F Age: \_\_\_\_\_

Birth Date \_\_\_\_\_ **First** \_\_\_\_\_ **Last** \_\_\_\_\_  
Age \_\_\_\_\_ Med/Injuries/Allergies \_\_\_\_\_

**3<sup>rd</sup> Child's Name** \_\_\_\_\_ M/F Age: \_\_\_\_\_

Birth Date \_\_\_\_\_ **First** \_\_\_\_\_ **Last** \_\_\_\_\_  
Age \_\_\_\_\_ Med/Injuries/Allergies \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Secondary Emergency Contact#** \_\_\_\_\_

**Family E-Mail Address:** \_\_\_\_\_

**Camp Fee \$** \_\_\_\_\_ **+ Pizza Lunch \$** \_\_\_\_\_ **+ Pre/After Care Fee \$** \_\_\_\_\_ **x** \_\_\_\_\_ **Days**

I agree that all above information is true and I agree and will abide by TAG USA's Rules of Participation, the Participation Agreement and Personal Consent. I understand the no refund/no transfer/no credit policies for all registered participants:

**Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Total Amount Due \$** \_\_\_\_\_ **Amount Paid \$** \_\_\_\_\_ **Cash/CC/CK#** \_\_\_\_\_

Explained and Registered by staff member : \_\_\_\_\_

Updated 2015