

# TAG USA School Day Off **SPORTS CAMP**

## 2017-18 Registration Form

1951 N. Commerce Parkway, Weston, FL 33326

954-384-9191

\_\_\_ Senior (age 5-15) Camp (\$50)

\_\_\_ Preschool (age 3-4) Camp (\$35)

**Mon, Jan 15**

**Fri, Mar 23**

**Spring Break: Mon, Mar 26 / Tues, Mar 27 / Wed, Mar 28 / Th, Mar 29 / Fri, Mar 30**

**Fri, May 25**

**Mon, May 28**

**Th, June 7**

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

**First**

**Last**

Birth Date \_\_\_\_\_

Med/Injuries/Allergies \_\_\_\_\_

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

**First**

**Last**

Birth Date \_\_\_\_\_

Med/Injuries/Allergies \_\_\_\_\_

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

**First**

**Last**

Birth Date \_\_\_\_\_

Med/Injuries/Allergies \_\_\_\_\_

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

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

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

**Other Emergency Contact#** \_\_\_\_\_

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

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

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** \_\_\_\_\_

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

Updated 2018