



SUMMER CAMP

Registration Form

317-273-0413 - www.SportsCenter.biz - info@the-sports-center.com
9225 W. 10th Street Indianapolis, IN 46234 - FAX 317-273-0425

Child's Name: _____ Birthday: ____/____/____ Male /Female

Parent Name(s) _____

Email: _____

Home Phone: _____ Alternate Phone: _____

Address _____

City _____ ZIP _____

EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP _____

PHONE _____ 2ND PHONE _____

Camp Pricing

1st Child

1 day = \$40.00
 3 day = \$100.00
 5 day = \$120.00
 All Summer = \$1,000

Additional Children

1 day = \$30.00
 3 day = \$75.00
 5 day = \$100.00
 All Summer = \$900

Please Circle Weeks/Days Requested

<u>June</u>					<u>July</u>					<u>Aug</u>				
Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
31	1	2	3	4	28	29	30	1	2	2	3	4	5	6
7	8	9	10	11	5	6	7	8	9					
14	15	16	17	18	12	13	14	15	16					
21	22	23	24	25	19	20	21	22	23					
					26	27	28	29	30					

WAIVER/EXCLUSION CLAUSE: I, the undersigned parent/guardian/participant, in enrolling at the 10th Street Sports Center understand that he/she/I in attending any Sport Center program and using the facilities does so at his/her/my own risk. The 10th Street Sports Center and its owners, employees and agents, shall not be liable for any damage whatsoever arising from personal injury or property loss sustained by participant and his/her/my family in or about any program on the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any program and he/she/I do or does hereby fully and forever realize, discharge and hold harmless The 10th Street Sports Center, all associated facilities and its owners, employees, and agents from any and all claims, demands, damages, rights of actions, present or future resulting from or arising out of any person's participation in any programs or use of its facilities. In addition, he/she/I agree(s) to follow the rules of play and conduct set by the 10th Street Sports Center. He/she/I understand(s) that failure to do so may result in suspension from participation.

CONSENT: I, the undersigned parent of/ guardian of/ participant do hereby grant authority to the staff of the 10th Street Sports Center to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I hereby authorize the 10th Street Sports Center and its assigns to utilize any and all photographs, pictures, or other likeness of me and participant, as they deem appropriate in its promotional material

PARENT/GUARDIAN

SIGNATURE _____ DATE: _____