



Sports Camp Activity Registration

PLEASE PRINT LEGIBLY. MUST BE COMPLETED BY AN ADULT/ GUARDIAN

PARTICIPANT (KIDS) INFORMATION

KIDS NAME _____ DOB _____ GENDER _____

KIDS NAME _____ DOB _____ GENDER _____

PARENTS / GUARDIAN INFORMATION

PARENTS NAME _____ CELL _____

PARENTS NAME _____ CELL _____

EMAIL _____

EMERGENCY CONTACT

NAME _____ CELL _____

PAYMENT INFORMATION

CASH _____ CHECK _____

CREDIT CARD # _____ EXP _____

NAME ON CARD _____ CVC _____ ZIP _____

I authorize Coach Dante and Bay Laurel PFA to use listed credit card every time my kid comes to camp.

Parent Signature _____ Date _____