



## 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 to use listed credit card every time my kid comes to camp.***

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## WAIVER RELEASE & EMERGENCY FORM

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### WAIVER, RELEASE, ASSUMPTIONS OF RISK AND PAYMENT POLICIES

In consideration of the applicant's participation in the above activities, I waive and release all claims for damages in advance the Hosted School/Park/Recreation Center/Club / R2H Inc / Bay Laurel PFA / Bay Laurel Summer Enrichment and LVUSD (Coach Dante R2H Premier Sports Camp, R2H Dynamic Sports, Flag Football and Basketball) as well as their employees, contractors, and other agents from liability. I know that these activities involve risk of accidents and I willingly assume the risk. I understand that pictures or videos may be taken during class for promotional purposes, that no child's name will be associated with them, that they will be the sole and exclusive property of R2H Inc and can be used without remuneration to the child or family. I understand that there will be a \$20 fee for returned/bounced checks or problematic credit cards. \$25 late fee if I pick my child up late. This waiver, releases and assumption of risk is binding on my heirs and assigns. No refund after Camp or Classes begins. Min/Max for Camp and Classes will be determined on a case-by-case basis. I have read, understand, and agree to this. \*

\_\_\_\_\_ I've read the above and agree

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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### MEDICAL EMERGENCIES

The undersigned gives permission to R2H Inc, Coach Dante, Bay Laurel PFA (Bay Laurel Summer Camp / Enrichment, R2H Dynamic Sports, Flag Football and Basketball) and their Staff to seek medical treatment for the event they are not able to reach a parent or guardian. I hereby declare and will communicate in writing any physical/mental problems, restrictions, or conditions and/or Special Needs Special and or I declare the participant to be in good physical and mental health. \*

\_\_\_\_\_ I've read the above and agree

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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