

UMBC All Sports Camp Application

Child's Name _____

Grade Entering in 2008-2009 School Year _____

Date of Birth _____ Gender _____

Home Address _____

City _____ State _____ Zip _____

Telephone Number _____

E-mail _____

Sessions Attending: (circle all that apply)

Shirt Size

Session 1

Session 2

YOUTH XS, S, M, L, XL

ADULT S, M, L, XL

Parents/Guardians' Names _____

Occupation _____ Phone Num _____

Occupation _____ Phone Num _____

Other Children in Family:

Name(s) _____ Age(s) _____

In case of emergency, name and number of person to notify:

Name _____ Phone Num _____

Name _____ Phone Num _____

Are there any medical problems that would prevent the child's participation in day camp activities? Yes No

If yes, please state _____

I, _____ (parent/guardian), in consideration of the acceptance of _____ (child's name) as a UMBC All Sports camper, hereby agree to comply with the terms stated on the General Information Sheet/Brochure and UMBC All Sports Camp website.

Signature

Date

NOTE: The \$50 registration fee must accompany this application. A physical examination must be completed before the **start of the camp session your child is attending**. Payment of the registration fee will hold a place in the camp for your child and is not part of the tuition. Payment in full is due **one week** prior to the session start date. Failure to pay by the pay date will result in a \$25 late payment fee. Cancellations after the payment deadline will result in a \$50 late cancellation fee. All questions should be directed to the camp director, Mike D'Archangelo.

THIS FORM MUST BE SIGNED PRIOR TO YOUR CHILD ATTENDING