

CAMP APPLICATION FORM

All fields must be completed and payment in full is required.

Camper Name _____ Age _____ M ____ F ____ D.O.B. _____

Organization Name _____ Camp Date _____

Camp Program _____ Time _____

T Shirt YS____ YM____ YL____ AS____ AM____ AL____ XL____ Ball #3(U8) ____ #4(8-12)____ #5(13+) _____

Parent/Guardian _____

Address _____

City _____ ST _____ Zip _____

Phone _____

Email _____

Emergency Contact Name/Phone # _____

Amount \$_____ Credit Card Number _____

Please write down card number clearly

Name on Card _____ Exp. _____

I hereby release Challenger Sports and any hosting organization from any and all claims and liability of any kind of personal injury or property damage due to participation in this camp. I understand that participation in sports camps include physical contact and certify that my child is in good health and able to participate in all activities. I agree to notify the coaching staff of any preexisting medical or psychological conditions. If attention is required for illness or injury, I give my permission to a staff member for such care. I give my consent for my child to be photographed or filmed while participating in camp activities and for the resulting images to be used by Challenger Sports for promotional purposes. If returned unpaid I authorize my account to be electronically debited for both the check amount and returned check fee.

Cancellations due to any reason at least ten days prior to camp are subject to a \$40 cancellation fee. No refunds will be given for cancellations within ten days of camp. Refunds will not be issued retroactively for campers who miss periods of the camp due to illness, injury or conflicting activities. Should a camp not run a full refund will be made within 30 days.

Signature _____ Date _____