



ALL-SPORT SUMMER CAMP 2018

www.Carmelsportsclub.com

Camper 1 : _____ DOB: _____ Grade (Sept. 18') _____ Boy / Girl

Camper 2 : _____ DOB: _____ Grade (Sept. 18') _____ Boy / Girl

Address: _____ City _____ State _____ Zip _____

Parents/Guardian Name: _____ Cell No. _____

Email: _____

Emergency Contact: _____ Emergency No. _____

FULL DAY 9-2pm [] \$275 **JR. CAMP ½ day 9-12pm** [] \$150
Hot lunch \$5 per day Sal's Pizza can be purchased daily

EARLY BIRD deadline 4/30/18
[] **FULL DAY \$199** [] **\$160 4 day** [] **\$120 ½ day**



8 WEEKS TO CHOOSE



SUMMER CAMPS

JUNE 25 - AUGUST 24

- | | | |
|------------------|--------------------------|----------------------------|
| Baseball | Lacrosse | Badminton |
| Flag Football | Fitness Circuit Training | Air Hockey |
| Soccer | Speed & Agility | Ping Pong |
| Dodgeball | Relay Races | Inflatable slides & Bouncy |
| Ultimate Frisbee | Color Wars | Outdoor Activities |
| Wiffle Ball | Kick Ball | |

Sign up for the week or per day

All Sports Camp 9-3pm Ages 5-15 -OR- Jr. Half day camp 9-12pm Ages 4-6
Fully Air Conditioned Indoor Turf Facility | Hot lunch offered | Concession Stand

CARMEL SPORTS CLUB For more information and Registration
www.carmelsportsclub.com
(845) 228-2550 | info@carmelsportsclub.com

Check weeks camper will attend

- [] Week 1 6/25 – 6/29
- [] Week 2 7/2 - 7/6
NO 7/4 **4 day \$220
- [] Week 3 7/9 – 7/12 * 4 day \$220
- [] Week 4 7/16 - 7/20
- [] Week 5 7/23 – 7/27
- [] Week 6 7/30 – 8/3
- [] Week 7 8/6 – 8/10
- [] Week 8 8/13- 8/17
- [] Week 9 8/20 – 8/24

Before After Care/Week

- [] Before 9AM \$50
- [] After 3PM \$50

Child 1: No. of Weeks _____ X \$ _____ = _____

Child 2: No. of Weeks _____ X \$ _____ = _____ **\$ _____**

TOTAL AMOUNT

- Cash [] Check # _____ payable to Carmel Sports Club
- Credit Card #: _____ Exp: _____ CVC _____

Name on Card: _____ Signature: _____

SIGNATURE _____ DATE _____

Medical Release Information:

List All Injuries or Illness: _____

List All Allergies: _____

Does your child require Medication? [] Yes [] No [] EpiPen

If so, please list all medications. _____

Insurance Company: _____ Policy No. _____

Phone No. _____ Insured under: _____

Please sign Liability Waiver

PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT READ BEFORE SIGNING

In consideration of being allowed to participate in any way in any of the programs, related events and activities offered by Carmel Sports Club, LLC, I the undersigned, acknowledge, appreciate, and agree that: 1. The risk of injury from the activities involved in this program exists, including the potential for permanent paralysis and death. 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation. 3. I willingly agree to comply with terms and conditions for participation. If, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately. 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Carmel Sports Club LLC and its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owner and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees, from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature Date _____ Date: _____

Mail Registration Form along with payment to **Carmel Sports Club, 111 Old Route 6, Carmel NY 10512**
Call 845-228-2550 or email info@carmelsportsclub.com for information and Registration