

# 2020 Sports Camp Registration Form

Camper's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Grade for '20-'21 /Age at time of camp \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Number \_\_\_\_\_ Father's Number \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

We will offer Before and After Care for our daytime sports camps. Parents may choose to use either care or both. Cost for before care (7:30-8:45) is \$50.00 and \$65.00 for after care (3:00-5:30).

Make all checks payable to Spartan Sports Camps and mail the registration form and **non-refundable \$75.00 deposit** to:

Matt Smith, Director  
Spartan Sports Camps  
2501 Pike Creek Road  
Wilmington, DE 19808

_____ Soccer	_____ Before	_____ After	_____ Beginner Football	_____ Before	_____ After
_____ Baseball 1	_____ Before	_____ After	_____ Mini Kicker Soccer	_____ Before	_____ After
_____ Baseball 2	_____ Before	_____ After	_____ F Hockey/Lacrosse	_____ Before	_____ After
_____ Rookie Baseball	_____ Before	_____ After	_____ Basketball (Week of July 20 - July 24)	_____ Before	_____ After
_____ Wrestling	_____ Before	_____ After	_____ Basketball (Week of July 27- July 31)	_____ Before	_____ After
_____ Football	_____ Before	_____ After	_____ Cheerleading		
_____ Boys Lacrosse	_____ Before	_____ After	_____ Volleyball		
_____ Softball	_____ Before	_____ After	_____ Strength & Conditioning		
			_____ Speed, Sprint, & Cross Country		

# Medical Care & Treatment of Minor Child and Emergency Medical Information

- I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a qualified staff member at the Spartan Sports/Day Camps LLC. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed by my child by a licensed physician, hospital, or aid care attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health, and I cannot be contacted. I waive my right of informed consent to such treatment.
- I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.
- I certify (or declare) under penalty of perjury under the law of the State of Delaware that the foregoing is true and correct.
- The undersigned hereby releases, waives, discharges, and covenants not to sue the Spartan Sports/Day Camp LLC, its directors, officers, employees, volunteers and/or agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Spartan Camps.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_

Regular Medications \_\_\_\_\_

Allergies and Drug Reactions \_\_\_\_\_

Parent's Work Phone Number \_\_\_\_\_

Emergency Name and Number \_\_\_\_\_

Sports camps my child is allowed to participate in:

Rookie		Softball	
Baseball 1		Boys Lacrosse	
Baseball 2		Girls Field Hockey/Lacrosse	
Mini Kickers		Wrestling	
Soccer		Speed, Sprint, & Cross Country	
Beginner Football		Strength & Conditioning	
Football		Volleyball	
Cheerleading		Basketball	