

Indoor Sports Group: Summer Camp Enrollment Contract
Enrollment Contract: Please initial next to each statement:
MUST INITIAL DO NOT USE A CHECK MARK

I understand that USC plans and provides a spot for my child in the camp therefore any missed days, or early pick up cannot be deducted _____

I understand that if I withdraw my child after payment is made the payment is Non Refundable/Non Transferable _____

I understand pick up for Baseball & Gymnastics Camp is until @3PM / Sports Camp is until @4pm. There are additional fees for late pick available for Gymnastics & Sports Camp only NOT Baseball Camp _____

I understand there is a 3% fee when paying with credit card/debit card and there is a \$40 fee for returned checks and USC will only accept cash/cc payments if I have a returned check _____

I understand that USC reserves the right to determine whether or not my child will be a good fit at the USC. If USC determines that your child should not continue in the program for conduct and behavioral reasons USC will dismiss your child and return any monies due for the following weeks to come _____

I give permission to my child to eat/drink all snacks provided by USC. I will send my child with a water bottle and change of clothing is needed. I understand to send additional snack if needed (NO CANDY/ CHOCOLATE/ GUM _____

I understand that my child is not allowed to bring in money/ electronics/ video games and that my child will not be able to play on his/ her cell phone and it is only to be used to call a parent/ guardian in case of an emergency. Cell phones must be kept in a bag. USC is not responsible for lost or stolen cell phones/ monies or electronics. . My child will fully cooperate with staff, rules and program established, I understand that I am responsible for my child's actions and will be held financially responsible for any damages done by my child.

I have signed the electronic facility waiver or paper waiver. _____

I give permission to my child to go on outdoor trip to nearby local parks and/or baseball field _____

I certify that my child is in good physical and mental health and can partake in all daily indoor & outdoor sports activities such as baseball, soccer basketball, gymnastics, dance, yoga, running, climbing & jumping _____

By my signature below & in my absence, I authorize and hereby grant permission to any approved USC staff member to call 911 and give consent for my child to receive medical treatment from 911 and/or any area hospital in the event of a medical emergency _____
Initials & Parent Signature: _____

I understand that the use of the camp's facilities involve activities and interactions that may be new to campers, and that they come with risks and uncertainties that they may not be used to at home or at school. I realize that no environment is risk-free and I agree to waive any claims for damage, injury, or illness against USC GYMNASTICS & BASEBALL TRAINING FACILITY or its agents while utilizing any of its facilities _____

I understand that if my child is allergic to any foods, it is my responsibility to educate my child on not eating any other foods from any other students in the program other than what's given in their lunch box _____

I give USC GYMNASTIC & BASEBALL TRAINING FACILITY authorized staff member(s) permission to apply the following to my child in the event of an, insect bite/ insect protection, sun exposure, itchy or red dry skin, minor scrape/cut (Please check below & Sign) Water Babies SPF 50 Hypoallergenic Sunscreen _____ Antibiotic Ointment (Neosporin) _____ Band-Aid Brand Hurt Free Antiseptic Wash _____ Hydrocortisone 1% Anti Itch Ointment _____ A&D Ointment _____ I will send my own topical products to be applied to my child if needed _____

Medical/ Health Please provide any information about participant's behavior and physical, emotional, or mental health that USC should be aware of: _____

Health Ins. Plan Name: _____ Policy # _____

Name of Insured _____ Relationship to Camper _____

Family Physician _____ Phone No. _____

Medical Alerts- Please check all that apply;

_____ Drug Allergies _____ Food/ Environmental Allergies _____ Bee Sting Allergy _____ Asthma/Inhaler

_____ Epi-Pen _____ Current Medications _____ Other _____

ALLERGY STATEMENT (If Applicable) *I hereby allow a manager staff member of Uptown Sports Complex to administer Benadryl or an Epi Pen that I have provided to them for my child _____, in the event that my child has a food related allergy and/ or allergic reaction _____

Immunizations up to date: Yes _____ No _____

* Date of Last Physical: _____/_____/_____ ***MUST SUBMIT PHYSICAL BEFORE STARTING CAMP***

Parent/Guardian Print Name _____

Parent/Guardian Signature _____ Date _____