

**USC GYMNASTICS/Baseball SUMMER CAMP REGISTRATION FORM**

CHILDS NAME: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

**Choose Gymnastics Camp: \$325.00 / wk**

Mini Starz Camp: Ages 5.5yrs-6yrs \_\_\_\_ Shooting Starz Camp: Ages 7yrs-9yrs \_\_\_\_

Rising Starz Camp: Ages 10yrs -13yrs \_\_\_\_ Future Starz Pre-Team & Team Camp \_\_\_\_

**Choose Baseball Camp: \$300.00/ Wk Boys Ages 8-13yrs 9am -3pm Weeks 1- 6 only\_\_\_\_\_**

**FOOD ALLERGIES circle YES NO**

**If yes to allergies please list \_\_\_\_\_**

If there are multiple kids fill out separate form & indicate 1<sup>st</sup> child  2<sup>nd</sup> child  3<sup>rd</sup> child

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mom's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Mom's Work # \_\_\_\_\_ Father's Work # \_\_\_\_\_

Home Address \_\_\_\_\_

EMAIL \_\_\_\_\_@\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Baseball Camp 9am-3pm  Gymnastics Camp 9am-3pm  After Camp Care 3pm-5pm

wk1  wk2  wk3  wk4  wk5  wk6  wk7  wk8  wk9

7/9-7/13 7/16-7/20 7/23-7/27 7/30-8/3 8/6-8/10 8/13-8/17 8/20-8/24 8/27-8/31

Early drop off Weekly option \$50 per week This is a weekly option only and must be pre-paid.

\_\_\_\_ Yes - My child will be dropped off before 8:50am on the following weeks:"

\_\_\_\_ week#1 \_\_\_\_ week# 2 \_\_\_\_ week# 3 \_\_\_\_ week# 4 \_\_\_\_ week# 5 \_\_\_\_ week#6 \_\_\_\_ week#7 \_\_\_\_ week#8

Total Due: \$\_\_\_\_\_

**After Camp Care 3pm-5pm**

This option is only available as a weekly option that must be pre- paid.

\_\_\_\_ Yes - My child will be picked up between the hours of 3pm & 5pm \$20 Extra per day

Late pick up fee \$10.00 per hour per day per child - Additional \$10 for every 1/2hr after (Must be paid same day - NO Exceptions)

Select until 4pm \_\_\_\_\_ until 5pm \_\_\_\_\_

\_\_\_\_ week # 1 \_\_\_\_ week # 2 \_\_\_\_ week # 3 \_\_\_\_ week # 4 \_\_\_\_ week # 5 \_\_\_\_ week #6 \_\_\_\_ week #7

\_\_\_\_ week # 8 Total Due \$\_\_\_\_\_

**Authorized family members and/or friends pick up list**

Please fill out the names and phone #'s of all people authorized to pick up your child (**Parents are auto included**)

Name: \_\_\_\_\_ Tel # \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Tel # \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Tel # \_\_\_\_\_ Relationship: \_\_\_\_\_

We must be notified via email [info@uscgymnasticsandbaseball.com](mailto:info@uscgymnasticsandbaseball.com) to allow a person not on this list to pick up the child. We will call the parent who notified us to verify information and the person will need to show ID upon pick up.

**Enrollment Contract: Please initial next to each statement:**

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 is until @3PM Specialty Camp @4pm General Camp and there is a late fee pickup if needed \_\_\_\_\_

I understand there is a 3% fee when paying with credit card/debit card. I understand 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 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.

I understand 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.

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 condition 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 GYMNASSTICS& 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**

I am certifying that my child has no known health concerns and is in good physical and mental health and is able to do gymnastics and sports summer camp activities.

Parent Signature \_\_\_\_\_  
Health Ins. Plan Name: \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Please provide any information about participant’s behavior and physical, emotional, or mental health that USC should be aware of:

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 \_\_\_\_\_

-----OFFICE USE ONLY-----

Registration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Sibling name if applicable \_\_\_\_\_

Campers First Name \_\_\_\_\_ Campers Last Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Returning  Sibling Discount \_\_\_\_\_ Early Drop off  Late Pick up

BB Camp 9am-3pm  Gym Camp 9am-3pm  General Camp 9am-4pm

wk1  wk2  wk3  wk4  wk5  wk6  wk7  wk8  wk9   
7/9-7/13 7/16-7/20 7/23-7/27 7/30-8/3 8/6-8/10 8/13-8/17 8/20-8/24 8/27-8/31

Total Weeks \_\_\_\_\_ X week rate \$ \_\_\_\_\_ Registration Fee \$ \_\_\_\_\_ Early Drop Off Total \$ \_\_\_\_\_

After Camp Care \$ \_\_\_\_\_

TOTAL DUE \$ \_\_\_\_\_

Credit Card 3% fee \$ \_\_\_\_\_ Total Due \$ \_\_\_\_\_ Payment  cash  check # \_\_\_\_\_

**Make all checks payable to: Indoor Sports Group**

Payment Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*If paying over the phone staff must fill out completely in order to process payment*

VISA                      MASTERCARD                      AMEX                      DISCOVER

CARD #  EXP DATE   
SECURITY CODE  CARD ZIP CODE

-----CLIENT RETURNING ONLY-----

Date of Return \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle Additional Wks WK2 WK3 WK4 WK5 WK6 WK7 WK8 WK9

Amount Due \$ \_\_\_\_\_ Amount Paid Above \$ \_\_\_\_\_ Total Due \$ \_\_\_\_\_

Payment type cash check credit card (3% fee \_\_\_\_\_)

Total Amount Due \$ \_\_\_\_\_ Employee Initial \_\_\_\_\_

Date of Return \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle Additional Wks WK2 WK3 WK4 WK5 WK6 WK7 WK8 WK9

Amount Due \$ \_\_\_\_\_ Amount Paid Above \$ \_\_\_\_\_ Total Due \$ \_\_\_\_\_

Payment type cash check credit card (3% fee \_\_\_\_\_)

Total Amount Due \$ \_\_\_\_\_ Employee Initial \_\_\_\_\_