



**Howard County Sports Center Summer Camp 2011  
Registration Form**



**Camper Information:** Male / Female

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Is your child a returning camper? Yes / No

Current School: \_\_\_\_\_

**Parent/Guardian Information 1:**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent/Guardian Information 2:**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

*\*The first attempt will be made to contact the campers/guardians. Emergency contacts listed below must be able to pick your child up in the event of an emergency.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Is the above person authorized to pick up my child in the event of an emergency: Yes \_\_\_\_ No \_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

**Additional Authorized Pick-Up:**

1. \_\_\_\_\_  
(Name) (Contact#) (Relationship)

2. \_\_\_\_\_  
(Name) (Contact) (Relationship)

*\*All campers must be picked up by the person (s) authorized by the registering parent/guardian.*

**Camp Dates:** (Please circle wk/wks. & times that your child will attend camp)

Session 1: June 20<sup>th</sup> - June 24<sup>th</sup>

Session 2: June 27 – July 1<sup>ST</sup>

Session 3: July 5<sup>th</sup> – July 8<sup>th</sup>

Session 4: July 11<sup>th</sup> – 15<sup>th</sup>

Session 5: July 18<sup>th</sup> – 22<sup>nd</sup>

Session 6: July 25<sup>th</sup> – July 29<sup>th</sup>

Session 7: August 1<sup>st</sup> – August 5<sup>th</sup>

Session 8: August 8<sup>th</sup> – August 12<sup>th</sup>

Session 9: August 15<sup>th</sup> – August 19<sup>th</sup>

Session 10: August 22<sup>nd</sup> – August 26<sup>th</sup>

\*Campers are divided into age groups which start at age 3 (must be potty trained) and end at 13 years of age.

**Camp Times and Fees:**

Full Day camp is: \$185.00 per week: 8:00a – 4:00p Additional weeks or siblings discount: \$165.00 per week

Half Day camp is: \$100.00 per week: 8:00a – 12:00p or 1:00pm – 4:00pm

Daily Camp is: \$50.00 per week: 8:00a – 4:00p

Half Day \$25.00 ----- AM / PM 8:00a – 12:00p or 1:00pm – 4:00pm

\*Hot Lunches are provided for additional fee of \$25.00 or \$5.00 daily. Yes \_\_\_ / No \_\_\_

**Extended Care:**

Morning: 7:00AM – 8:00PM

Afternoon: 4:00PM – 5:30PM

Extended care is available for an additional fee of \$30.00 a week or \$10.00 a day from the hours of 7:00AM-8:00AM or 4:00PM - 5:30PM. Extended care is \$30.00 per week or \$10.00 per day 7:00AM to 8:00AM & 4:00PM to 5:30PM. Please note that after 5:30PM a late fee of \$10.00 will every minute thereafter.

**Activities Include:**

\*Indoor Soccer

\*Indoor Basketball

\*Indoor Football

\*Softball/baseball

\*Group Games

\*Inflatable's (Moon bounces)

\*Indoor Lacrosse

\*Dodgeball / Kickball etc.

**Cancellation Policy:**

All cancellations must be received in writing two weeks prior to the beginning of the camp session. Please note that there will be a \$75.00 cancellation fee. There will be no refunds after the start of your camp session.

Approximately two weeks before your child's camp session begins you will be mailed a health history form to be completed and returned before the first day of camp.

\*All camp fees are due before the beginning of camp.

**Send Registration and Payment To:**

Howard County Sports Center  
6742 Dorsey Road  
Elkridge, MD 21075

Parent 1/Guardian1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2/Guardian2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check# \_\_\_\_\_ Amount \$ \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_