

2025 Registration Camp FUN

Camp FUN Youth

* Indicates required question

1. Email *

2. Athlete's Name *

3. Grade entering Fall 2025 *

Mark only one oval.

☐ 2nd Grade

☐ 3rd Grade

☐ 4th Grade

☐ 5th Grade

4. Please Select Session Preference *

Mark only one oval.

☐ Session 1: 9am-12pm

☐ Session 2: 1pm-4pm

☐ Double Session: 9am-12pm + 1pm-4pm

5. Youth T Shirt Size

Mark only one oval.

☐ XS

☐ S

☐ M

☐ L

☐ XL

6. Parent/Guardian Name : *

7. Parent/Guardian Email: *

8. Parent/Guardian Phone Number: *

9. Emergency Contact #2 Name *

10. Emergency Contact #2 Phone Number: *

Medical Questionnaire

Please answer the medical information questions and upload an up-to-date copy of the participants physical. Information provided will only be accessible to authorized adult staff responsible for player care.

11. Primary Care Provider Name *

12. Primary Care Provider Phone *

13. Participant's Primary Health Insurance Company *

14. Health Insurance Member Number *

15. Please elaborate on any medical conditions of which we should be aware: *

16. Please list any medications currently being taken: *

17. Please list any allergies: *

18. In the past 24 months, has the participant been tested, diagnosed, and/or treated for a concussion? *

If yes, provide the date (months and year), who performed the testing/diagnosing/treatment and what was the outcome

19. Please upload the following:

*

Up-to-date copy of the participants physical.

Up-to-date copy of the participants immunizations.

*Information provided will only be accessible to authorized adult staff responsible for player care.

Files submitted:

20. I, the parent or legal guardian, attest that the above medical information is accurate* *

Enter your full name before below as your electronic signature

**If any of this medical information changes, please email updated information to camps director, Rachel Ryan at campfunvb@gmail.com*

Pricing and Payment Options

Kindly complete your payment through Venmo or Check.

\$25 Deposit to hold spot due with registration form submission.

The full balance is due by July 15th.

CampFUN Youth Clinic - August 18-20, 2025

Single Session: \$175 (9-12 or 1-4pm)

Double Session: \$310 (both sessions combined. Please pack bagged lunch for the hour break)

Venmo option *Please include name, session(s) in description*



Check Option

Please send checks to the following address:

Camp FUN VB

62 Federal Hill Rd. Auburn Ma 01501

**If you have any questions on payments, options, etc; please email camp director, Rachel Ryan at campfunvb@gmail.com*

This content is neither created nor endorsed by Google.

Google Forms