



SUMMER CAMP
ACADEMY

"SUMMER IS COMING"

Forms Must Be Filled Out Completely To Be Consider For Eligibility

Please select your child camp session to attend. (Please note Full Day Camp hours is 8:30am-4:30pm)

- Week 1 June 30th – July 3rd Regular \$300.00 ____
- Week 2 July 7th -July 11 Regular \$330.00 ____
- Week 3 July 14th -July 18th Regular \$330.00 ____
- Week 4 July 21st - July 25th Regular \$330.00 ____
- Week 5 July 28th -Aug 1st Regular \$330.00 ____
- Week 6 August 4th -Aug 8th Regular \$330.00 ____

2025
Multiple Weeks Savings
6-Weeks \$200.00
5-Weeks \$150.00
4-Weeks \$100.00

Day Option (Choose any day) \$90.00 ____ Number of Days__ Bus Service \$100 Per week. #weeks__

Check for Additional Service:

- Extended hours rate \$15 **7:30**am-8:30 am ____ or 4:30pm-5:30pm ____ Total Days____
- Lunch not included but can be purchase with a meal plan for **\$55 weekly** ____ **\$12 per day** ____
- Camp Shirts \$15 per. qty ____ (one shirt included with campers enrolled **4-6weeks**)

Fee includes a 20% non-refundable registration fee.

MAKE CHECKS OR MONEY ORDER PAYABLE TO: **United Sports Youth League**

Mailing address: United Sports Youth League, PO Box 70041, Staten Island NY, 10307

AGE GROUP: ☐ 5-6 YEAR ☐ 7-8 YEAR ☐ 9-10 YEARS ☐ 11-12 YEARS ☐ 13-14 YEARS

CHILD NAME: _____ DOB: ____/____/____ Age (as of 7/1/24)____ GENDER: ____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN: _____ E-MAIL: _____

Cell Phone: _____ Parent 2 Cell Phone : _____

Emergency Contact Person _____ Phone/Cell: _____ Relation: _____

SCHOOL NAME: _____ GRADE: _____

Sibling Name: _____ Age _____ Sibling Attend Camp: Yes / No

MY CHILD HAS MEDICAL HISTORY: (Please Specify) _____

PLEASE SPECIFY SHIRT (Youth or Adult) ☐ Small ☐ Medium ☐ Large ☐ X Large ☐ 2 X Large

Siblings Discount 15% off additional child 3- 6-Weeks option only

Total Amount Enclose: _____

How did you hear about us?

☐ Newspaper ☐ On-line Search ☐ Outdoor Billboard ☐ Flyer ☐ Friend /Sports Agent Name _____



**PARTICIPANT RELEASE OF LIABILITY AND
ASSUMPTION OF RISK AGREEMENT**
*****READ BEFORE SIGNING*****

Acknowledgment of Risk and Assumption of Responsibility:

I, the undersigned, understand and acknowledge that participation in the USL Summer Camp Academy and United Sports Youth League my activities, including but not limited to sports, physical exercises, recreational games, and other related events, involves inherent risks, including the risk of injury, illness, or other accidents.

I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury that may be sustained by my child as a result of participating in these activities.

Medical Authorization:

In the event of an emergency, I authorize the staff of USL Summer Camp Academy and Gateway Academy to obtain medical treatment for my child. I understand that I am responsible for any medical expenses incurred as a result of illness or injury during camp activities.

Release and Waiver of Liability:

I, the undersigned, hereby release, waive, discharge, and covenant not to sue the United Sports Youth League, USL Summer Camp Academy, Gateway Church, Gateway Academy, their directors, employees, volunteers, and agents from any and all liability, claims, demands, actions, or causes of action related to any loss, damage, injury, or death that may be sustained by my child while participating in camp activities.

Indemnification:

I agree to indemnify and hold harmless the United Sports Youth League, USL Summer Camp Academy, Gateway Church, Gateway Academy, and all affiliated entities from any loss, liability, damage, or costs incurred due to my child's participation in camp activities.

Acknowledgment and Agreement:

I acknowledge that I have read and fully understand the terms and conditions of this Waiver and Release of Liability Form. I voluntarily agree to its terms and conditions and sign it of my own free will.

Photo Agreement:

USL Summer Camp /United Sports Youth League may use a picture, images, or promo video of your child for promotional video yes_____. No_____

Contact Information:

USL Summer Camp Academy
UsIsummercamp@gmail.com

Parent Print_____ Signature_____. Date_____