



SUMMER CAMP
ACADEMY

2022 Camper Enrollment
PHONE 212-256-1145
Us!summercamp.org



SUMMER CAMP
ACADEMY

Forms Must Be Filled Out Completely To Be Consider For Eligibility

Please select your Child Camp to attend. (Please note all camp duration is 9:00 am-4:30 pm)
(Please note all camps includes enrichment academics, arts n craft and drama class)

Suggested Camp Rate Below

\$1299 Full USL Academy Camp 6-week 7/5-8/12 _____
\$800.00 Half USL Camp 3 weeks _____

- \$600.00 Basketball Camp 7/5-7/15 _____
- \$350.00 Soccer 7/18-7/22 _____
- \$350.00 Floor Hockey/lacrosse 7/25-7/29 _____
- \$350.00 Flag Football 8/1-8/5 _____
- \$350.00 USL Games 8/7-8/12 _____

Sibling Discount

15% off for every additional Child

Deposit are acceptable

Check for Additional Service:

- Extended hours **\$250** for the entire camp **7:30am-9am** and **4:30pm-5:45pm** _____
- Meal Plan Option: **\$200** for the entire camp.

Fee includes a **\$400** non-refundable registration fee before start date

MAKE CHECKS OR MONEY ORDER PAYABLE TO:

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

AGE GROUP: **6-8 YEAR** **9-11 YEARS** **12-14 YEARS**

CHILD NAME: _____ DOB: _____ / _____ / _____ Age (as of 7/1/16) _____ 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

Total Amount Enclose: _____

How did you hear about us?

Newspaper On-line Search Outdoor Billboard Flyer Friend Other _____



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

In consideration of being allowed to participate in any way in this Program, related events and activities, the undersigned child and his/her parent or legal guardian, jointly and severally, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS United Sports League INC, United Sports Youth League INC, and each of their officers, officials, agents and/or employees, other participants, sponsors, advertisers, and owners (collectively, "RELEASEES"), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
6. COVID-19 NYC Regulations (This rule may change anytime)
 - a. I participants may receive a temperature check upon arrival to the program
 - b. Masks are optional and recommended for students to pack disposal mask in the book bags
 - c. Hand Sanitizer will be available throughout areas.
 - d. Please do not send your child to the program if:
 - e. Anyone in your household has recently contracted Covid-19
 - a. Cough or shortness of breath
 - b. Sore throat, loss of taste or smell
 - c. Been around anyone else with these symptoms in the last 3 days
 - d. Or living with anyone who is sick with COVID-19 having regardless of if your child has any symptoms
5. United Sports Youth League/USL Summer Camp Academy may use a picture, image or likeness of your child for promotional use.

Yes _____ No _____

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARENTS/GUARDIANS:

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in this program as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Name (Please Print)

Emergency Phone Number(s)

X _____
Parent/Guardian Signature

Date