

OAK PARK AGOURA SPORTS FITNESS CAMP APPLICATION

***Attach headshot photo of child**

Camper Age Birth date Email address

Address City Zip Code School

Mother's Name Home/Cell/Work Phone Father's Name Home/Cell/Work Phone

Child's Physician Phone Emergency Contact Phone Relationship

T-Shirt (circle size) Child: XS S M L XL Adult: S M L XL Additional T \$12 Quantity _____

Please circle the week(s) and times you would like your camper to attend. To maintain stable grouping, your camper will be enrolled for the entire week you select.

Half day is 8:30AM-12:30PM, Full day is 8:30AM-3:30PM, Weeks 1 & 6 are pro-rated.

Weeks	Times/Pricing		Amount (+ \$25 app fee)
1 (June 1-4)	Half Day (\$140)	Full Day (\$224)	
2 (June 7-11)	Half Day (\$185)	Full Day (\$280)	
3 (June 14-18)	Half Day (\$185)	Full Day (\$280)	
4 (June 21-25)	Half Day (\$185)	Full Day (\$280)	
5 (June 28-July 2)	Half Day (\$185)	Full Day (\$280)	
6 (July 6-9)	Half Day (\$140)	Full Day (\$224)	
7 (July 12-16)	Half Day (\$185)	Full Day (\$280)	
8 (July 19-23)	Half Day (\$185)	Full Day (\$280)	

Please list any medical conditions/allergies or dietary considerations we should be aware of:

I hereby authorize the staff of this camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release its directors, employees and their heirs from any liability and injury or illness incurred at camp. I have read and agreed to refund policy.

Parent's signature Date Health Insurance Policy #

Can we use photos of your child captured at camp for display or advertising? Yes! _____ initial here
