

OAK PARK AGOURA SPORTS FITNESS CAMP APPLICATION

*Attach 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 days and times you would like your camper to attend.

Half day is 8:30am-12:30pm, Full day is 8:30am-3:30pm, SS is summer school, EDO is early drop off, AC is aftercare

Dates	Week	Days	Times				
May 26– May 29	1	HOLIDAY T W TH F	Half Day	Full Day	SS	EDO	AC
June 1 – June 5	2	M T W TH F	Half Day	Full Day	SS	EDO	AC
June 8 – June 12	3	M T W TH F	Half Day	Full Day	SS	EDO	AC
June 15 – June 19	4	M T W TH F	Half Day	Full Day	SS	EDO	AC
June 22– June 26	5	M T W TH F	Half Day	Full Day	SS	EDO	AC
June 29– July 3	6	M T W TH F	Half Day	Full Day	SS	EDO	AC
July 6 – 10	7	M T W TH F	Half Day	Full Day		EDO	AC
July 13 – 17	8	M T W TH F*	Half Day	Full Day		EDO	AC*

**** Camp Kick off lunch party Tues. May 26**

End of Camp Party July 17!!

*No aftercare last day

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
