



## 2016 Summer Camp Registration



### Health Form Requirements

The State of Connecticut requires a written note from your child's Medical Doctor stating that he/she permits your child to administer their medications to them self. If medications are brought into camp, the child's medications must be kept in a locked medical kit for safe keeping. **The note from the doctor is due the latest by the Monday morning that your child starts camp. If the Connecticut Sportsplex does not receive a written note from the child's doctor they will not be allowed to administer or bring their medications to camp.**

The State of Connecticut requires the camper to submit a completed Health form signed by a M.D., A.P.R.N., or P.A. **All health forms are due the latest by the Monday morning that your child starts camp. If the required health forms are not turned in by this time, your child will sit out of activities until they are handed in.**

I, \_\_\_\_\_, by my signature as parent or legal guardian, acknowledge, agree, and understand that my child's health forms are to be completed and handed in by the start day of camp. I understand my child may be required by the State of Connecticut to sit out until all completed health forms are handed in to the CT Sportsplex. I also agree and acknowledge that if my child is on any medications that need to be administered during camp hours, that I need a doctor's note of approval that my child is permitted to administer such medications to them self.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\* Health form is available on our website

### Picture Release Form

*Please check off one box and sign below*

I, \_\_\_\_\_, by my signature as parent or legal guardian, **ALLOW** the CT Sportsplex the right to take photos of my child and use such photos as marketing, and social media promotion purposes for the CT Sportsplex and the CT Sportsplex Summer Camp.

I, \_\_\_\_\_, by my signature as parent or legal guardian, **DO NOT ALLOW** the CT Sportsplex the right to take photos of my child and use such photos as marketing, and social media promotion purposes for the CT Sportsplex and the CT Sportsplex Summer Camp.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Call Stan at 203-484-4383 for questions or more information**

**Mailing Address:** 250 Totoket Road, North Branford, CT 06471

**Physical Address:** 216 Foxon Road, North Branford, CT 06471

**Fax:** (203) 484-4388 (please follow up with an e-mail to let us know it was sent)

**E-mail:** [brittney.csp@gmail.com](mailto:brittney.csp@gmail.com) or [slatkowski@sbglobal.net](mailto:slatkowski@sbglobal.net)

**Thank you for registering for the 2016 Connecticut Sportsplex Summer Camp!  
We are looking forward to seeing you!**



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## Camper's Personal Information

Child's Name \_\_\_\_\_ Age & DOB \_\_\_\_\_ Gender F M

Parent/Guardian Name (s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone ( ) - Cell Home Work Secondary Phone ( ) - Cell Home Work

E-mail \_\_\_\_\_

Campers T-Shirt Size: S M L XL

Please Print Below the Full Names of the Adults Authorized to Pick Up Your Child, Including Yourself:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME AND PHOTO IDENTIFICATION IS REQUIRED AT PICK UP EVERYDAY**

## Registration Information

Please Circle All that Apply

### Multi-Activity Camp

Week #: 1 2 3 4 5 6 7 8

### Soccer Camp

Week #: 1 9

### Lacrosse Camp

### Baseball Camp

Week #: 4 7

The above named participant has my permission to participate in activities at the Connecticut Sportsplex. Connecticut Sportsplex has my permission, in case of an emergency, to call for medical care. I also understand and agree with the Connecticut Sportsplex Fee policy. I am aware the entire remaining balance is due **June 20, 2016**.

I, by my signature as parent or legal guardian, acknowledge, agree, and understand that there are certain risks and hazards involved in participating in camp and sports associated therewith that may result in injury to my child or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants. I, by my signature as a parent or legal guardian, agree that in consideration for the right to participate in camp, release, discharge and agree not to sue Connecticut Sportsplex or their owners, agents, servants, employees for any claim, damages, costs or cause of action which I have or may in the future as a result of injuries or damages sustained or incurred by my child from whatever cause.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Payment Information

Please make all checks payable to CT Sportsplex

*For Office Use Only:* Deposit \_\_\_\_\_ Date \_\_\_\_\_

Cash Credit Card Check # \_\_\_\_\_ FB \_\_\_\_\_

Soccer Camp: \$260, \$175 ½ day

Baseball Camp: \$310, \$185 ½ day

Lacrosse Camps: \$285, \$175 ½ day

Multi Activity Camp (see prices below):

1 Week	\$235.00	6 Weeks	\$1,335.00
2 Weeks	\$455.00	7 Weeks	\$1,555.00
3 Weeks	\$675.00	8 Weeks	\$1,775.00
4 Weeks	\$895.00	9 Weeks	\$1,995.00
5 Weeks	\$1115.00		

A \$50 non-refundable deposit for each week is required to reserve a space in camp. The entire balance is due two weeks prior to the first day of camp.

*\*Deposits are due upon registration\**

Deposit \$50 x # of weeks = \_\_\_\_\_  
Meal Plan \$40 x # of weeks = \_\_\_\_\_  
Early/ Late \$40 x # of weeks = \_\_\_\_\_

½ day \$145/week 9 am-1 pm, Single days \$55/day

Total Fee \_\_\_\_\_

**Please see reverse page for important information requiring signatures**