

Golden Eagle Summer Sports Camp Registration 2010

Golden Eagle Sports Camp • P.O. Box 896 • Los Altos, CA 94022 • 650-298-9740
 www.goldeneaglecamp.org monica.lodge@sbcglobal.net

1. Choose Site: Los Altos Homestead

2. Camper Information

Name of Camper #1: _____

Grade: _____ Age: _____

Shirt Size (check one): YS YM YL YXL
 AS AM AL AXL

Name of Camper #2: _____

Grade: _____ Age: _____

Shirt Size (check one): YS YM YL YXL
 AS AM AL AXL

Name of Camper #3: _____

Grade: _____ Age: _____

Shirt Size (check one): YS YM YL YXL
 AS AM AL AXL

3. Contact Information

Address: _____

City, State, Zip: _____

Home Phone: _____

Mother's Name: _____

Cell Phone: _____

Work Phone: _____

email: _____

Father's Name: _____

Cell Phone: _____

Work Phone: _____

email: _____

4. Emergency Contact Information

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

5. Camp Attendance

Please indicate which weeks you are registering for along with your extended care needs.

Regular Camp Hours (9:30-4:15)

camper #1 camper #2 camper #3

Extended Care Hours (7:30-9:30 AM 4:00-6:00 PM)

please indicate specific times needed

	AM	PM
June 14-18	—	—
June 21-25	—	—
June 28-July 2	—	—
July 5-9	—	—
July 12-16	—	—
July 19-23	—	—
July 26-30	—	—

6. Camper History

New Camper: _____ Returning Camper: _____

If you are new to Golden Eagle Summer Sports Camp, please tell us how you heard about us.
(select all that apply)

Word of mouth: _____

Website: _____

Facebook: _____

Newspaper (which one): _____

Personal Referral (name): _____

Other (please specify): _____

7. Payment Options

Please mail completed and signed registration form to Golden Eagle Sports Camp, P.O. Box 896, Los Altos, CA 94022.

I would like to receive my bill via email and pay online with a credit card.
email (please print clearly) _____

*** Please note a \$5 service charge will be applied to all credit card transactions.***

I would like to pay now by cash or check and receive my confirmation by mail.

8. WAIVER OF LIABILITY AND DISCLAIMER

To induce the Golden Eagle Sports Camp to accept registration and permit participation in Golden Eagle Sports Camp by the named individual(s), we the parents or guardians of said individual(s), hereby give our consent and agree to release and hold harmless Golden Eagle Sports Camp and its coaches from any claim arising out of injury to named individual(s). We also give permission to obtain available medical treatment in the case the parent/ guardian cannot be reached.

Legal Authorization for Emergency Care and acknowledgement of Disclaimer

Name of camper(s): _____

Signature of Parent/Guardian: _____

Date: _____