

XPLORE! Kids First Ultimate Sports Camp, Ages 6-14 – Summer 2010

(Please print clearly.)

Student Name		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Student Social Sec. #*			
Birth Date*			
CLC ID (If Known)	E-mail Address:		
Parent/Guardian Name	Relationship to Student:		
Address			
City/State/Zip	County:		
Phone Number (Home)	()		
School Attended	Grade Level Fall 2010:		
Emergency Contact Name	Phone: ()		Relationship to Student:
Ethnicity (Optional)	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Non-Resident, Alien		
*Required Items			

Camp: \$149/wk AM Extended Care (7-9 AM, M-F) \$30/wk PM Extended Care (4-6 PM, M-F) \$30/wk
 Late pick up fee \$1/min.

Circle weeks and extended care requested. Weeks & ext. care are numbered.

\$149/wk	\$30/wk	\$30/wk	\$149/wk	\$30/wk	\$30/wk	
#1 6/7-6/11 #8702	#1 AM Care #9008	#1 PM Care #9016	#5 7/12-7/16 #8706	#5 AM Care #9013	#5 PM Care #9020	
#2 6/14-6/18 #8703	#2 AM Care #9010	#2 PM Care #9017	#6 7/19-7/23 #8707	#6 AM Care #9014	#6 PM Care #9021	
#3 6/21-6/25 #8704	#3 AM Care #9011	#3 PM Care #9018	#7 7/26-7/30 #8708	#7 AM Care #9015	#7 PM Care #9022	
#4 6/28-7/2 #8705	#4 AM Care #9012	#4 PM Care #9019				Grand Total
\$	\$	\$	\$	\$	\$	\$

Waiver Statement:

I certify that my child has no injury that would limit his/her participation in the program and has had a physical exam in the past year. I also authorize the director of the program to act for me in any emergency requiring medical attention. I hereby release, exonerate and discharge Kids First Sports Safety, Inc., and all colleges, park districts, recreation departments, sports leagues, schools, sports facilities, counties and their employees from any or all actions or causes of actions, known or unknown, from any injuries incurred in the program or on the way to the program. I have medical coverage and will be responsible for any medical or other charges related to his/her attendance at the program.

I accept financial responsibility, unless I formally withdraw my student by faxing a note of cancellation to 847-543-2004 by noon, 7 days prior to the camp week start date.

Parent's Signature (Required) _____ **Date** _____

Credit Card Information:

Name as It Appears on Card: _____

Type of Card: Visa MC Amer. Express Card Number _____

Cardholder's Signature _____ Exp. Date _____

Submit registration form & fees by fax or mail.

(Please allow at least one week for mail-in registration.)

Mail to: College of Lake County
 Ctr. for Personal Enrich.—Camp Xplore!
 19351 W. Washington St.
 Grayslake, IL 60030

Or fax to: 847-543-2004



www.kidsfirstsports.net
 888-890-KIDS



XPLORE! Hotline:
 (847) 543-2759

OFFICE USE ONLY: PS: ___ No match ___ No service ind. ___ Serv. ind. Date enrolled _____	Comments: _____
DIVISION: Late registration approved: _____ Section change from _____ to _____	