



All Access Camp - Registration Form

Child's Name: _____ Age when camp begins: _____

Child's Home Address: _____ City: _____ Zip: _____ DOB: _____

Swim Level (if known): _____ Gender: _____

E-mail Address: (Will be used for official Summer Camp information only)

Parent Name: _____ Parent E-mail: _____

PARENT / GUARDIAN #1: Name: _____

Home Address: _____ City: _____ Zip: _____ (if different than above)

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Which number is best to call first during camp hours if we need to reach you? (Circle one) Home Cell Work

PARENT / GUARDIAN #2: Name: _____

Home Address: _____ City: _____ Zip: _____ (if different than above)

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Which number is best to call first during camp hours if we need to reach you? (Circle one) Home Cell Work

ALTERNATE PICK-UP LIST (if others are allowed to pick up child from camp, please list here):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

EMERGENCY CONTACT (if parent(s) cannot be reached) *This person MUST be over 18, have transportation, and can pick up child within 30 minutes in the absence of parent contact.

Name: _____ Relationship: _____ Phone: _____

PERMISSION / AGREE TO HOLD HARMLESS: As the participant signed below, knowing fully that the DC Sports provides the program, activity, and or special event and all aspects associated with these being – Facility(s), Instructor(s), Equipment, and Supervision: I hereby: 1. Agree to furnish my own insurance in case of injury. 2. Assume all risks and responsibilities of possible injury involved with participating in this program, activity, and or special event. 3. Testify that I am in sound health and capable of participating in the registered program. 4. Further agree to indemnify and hold harmless DC Sports facilities or employees, to include volunteers, from liability resulting from my participation in this program, activity, or special event.

Parent/Guardian Signature _____ Date: _____

Medical History:

Please list below any medical condition, allergy, special requirements, or important info regarding the participant: _____

PHYSICIAN NAME: _____ PHONE: _____ ADDRESS: _____
INSURANCE COMPANY NAME: _____ ID#: _____

In case of emergency, I hereby give permission to the medical personnel selected by the camp, in my absence, to act as my agent in securing proper medical treatment for my child as named above, including hospitalization, routine tests, X-rays and other medical treatment.

Every possible effort will be made to contact parents in the event of an emergency.

Parent/Guardian Signature _____ Date: _____

I give DC Sports permission to apply to my child the following topical ointments if needed while participating in our program: Circle one

Neosporin YES NO Deet-Free bug spray YES NO Sunscreen YES NO

I give my child permission to use & carry sunscreen while at DC Sports Camps YES NO

Parent/Guardian Signature _____ Date: _____

THINGS TO BRING TO CAMP EACH DAY: • Bathing Suit, Sneakers, Sandals (optional) • Towel, Bottled Water, Sunscreen, Bug Spray • Ready-to-eat lunch (from home or money for lunch from kitchen) - we can refrigerate lunches • Please keep all electronics & devices at home.