

REGISTRATION FORM - PLEASE PRINT CLEARLY
THIS FORM WILL ONLY BE ACCEPTED FOR ONE CHILD'S REGISTRATION
(PLEASE DUPLICATE IF NEEDED). COMPLETE ALL INFORMATION BELOW

Child's Name _____ Age _____

Date Of Birth _____ Sex _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Allergies or limitations pertinent to camp participation: _____

Parent (S) or Guardian (S):

Father _____ Home Phone _____

Mobile Phone _____

Work Phone _____

Mother _____ Home Phone _____

Mobile Phone _____

In case of Emergency - Please Contact:

Work Phone _____

Name _____ Phone _____

Doctor's Name _____ Phone _____

I hereby authorize the staff of the Mission Bay Sportcenter to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the Mission Bay Sportcenter, Inc., its officers, employees and agents from any and all liability for any injuries or illnesses incurred while attending programs at Mission Bay Sportcenter. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the summer program, as outlined in the brochure. I also understand that Mission Bay Sportcenter retains the right to use for publicity and advertising purposes photographs taken during the summer program. A medical history form, clothing, and supplies list, and registration confirmation will be sent upon receipt of registration form and payment.

Parent / Guardian Signature _____ Date _____

For Office Use Only

Total _____ - Discount () _____ = Amount Due _____

Check # _____ / \$ _____ Clk/Date _____ Amount Recvied _____

H.H. Sent _____ Received _____ Zip _____

Charge _____ Conf. Sent _____ Clk/Date _____