TEXAS A&M UNIVERSITY CORPUS CHRISTI | RECREATIONAL SPORTS

2017 Islander Recreational Camp Registration Form

Name of Camper: _____ Age: _____ Date of Birth: _____

Parent or Guardian: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Home Address: _____

Shirt Size (One Shirt Per Child): YS ____ YM ____ YL ____ S ____ M ____ L ____

Emergency Contact Information:

Name	Phone Number	Relationship

Persons (other than parents/legal guardians) listed below may transport my child:

Name	Phone Number	Relationship

If your child is going to ride a bike or walk to your office located on campus, please list below:

_____

Please list any allergies or medications (We will not administer medication, but we can provide reminders):

_____

Please list any special needs your child may have (disabilities, life jacket, etc.):

_____

Parent's Signature: _____ **Date:** _____

Sessions (Please check desired sessions)	Sessions $95
Session 1: June 5th - June 9th	
Session 2: June 12th - June 16th	
Session 3: June 19th - June 23rd	
Session 4: June 26th - June 30th	
Session 5: July 10th - July 14th	
Session 6: July 17th - July 21st	
Session 7: July 24th - July 28th	
Session 8: July 31st - August 4th	
Session 9: August 7th - August 11th	

FOR OFFICE USE ONLY

Receipt Number: _____

Amount Paid: _____

Amount Owed: _____

Staff Initials: _____