



RECREATIONAL SPORTS

2018 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 and exact time(s) when needed to take:

Parent's Signature: _____ Date: _____

Sessions (Please check desired sessions)	Sessions \$100
Session 1: June 4th - June 8th	
Session 2: June 11th - June 15th	
Session 3: June 18th - June 22nd	
Session 4: June 25th - June 29th	
Session 5: July 9th - July 13th	
Session 6: July 16th - July 20th	
Session 7: July 23rd - July 27th	
Session 8: July 30th - August 3rd	
Session 9: August 6th - August 10th	

FOR OFFICE USE ONLY	
Receipt Number:	_____
Amount Paid:	_____
Amount Owed:	_____
Staff Initials:	_____