



Positive Athletics Summer Camp

Program Registration Form - Summer 2019

Participant: _____ Date of Birth: ____ / ____ / ____ Age: ____

School Child Attends: _____ Camp Pick-up Password: _____

Mother's Name: _____ Email Address: _____

Father's Name: _____ Email Address: _____

Home Phone # : _____

Mother's Work Phone #: _____ Mother's Cellular #: _____

Father's Work Phone #: _____ Father's Cellular #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contacts (if unsuccessful with numbers above): Name and phone number

1. _____

2. _____

Name of Insurance Company and Policy Number for participant: _____

Primary Care Physician and Telephone Number: _____

Please list any medical condition the child has or has had that should be considered or any medication to be administered: _____

I hereby give permission to the physician selected by POSITIVE ATHLETICS to order x-rays, routine tests and treatment for the health of my child in the event I cannot be reached in an emergency. I understand that my personal insurance bears responsibility for all claims in case of accident.

The undersigned expressly recognizes that the activities involve some risks, and the undersigned does hereby voluntarily assume any and all risks such as injury to person and property which may occur from my participation in these activities, including such injuries caused by the negligence of Positive Athletics and its representatives.

I release Positive Athletics and its representatives of all liabilities arising from this program.

I give permission for my child to participate in activities and field trips, and I give permission to Positive Athletics to use any pictures of my child for future promotional purposes.

MAIL your check and completed registration to:
Positive Athletics
1296 Garden Road
Weston, FL 33326

Signature: _____ Date: _____

Please check anticipated weeks of attendance:								
week 1	week 2	week 3	week 4	week 5	week 6	week 7	week 8	week 9
6/10 <input type="checkbox"/>	6/17 <input type="checkbox"/>	6/24 <input type="checkbox"/>	7/1 <input type="checkbox"/>	7/8 <input type="checkbox"/>	7/15 <input type="checkbox"/>	7/22 <input type="checkbox"/>	7/29 <input type="checkbox"/>	8/5 <input type="checkbox"/>