



# Positive Athletics Summer Camp Program Registration Form - Summer 2024

Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_

School Child Attends: \_\_\_\_\_ Camp Pick-up Password: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent's Work Phone #: \_\_\_\_\_ Parent's Cellular #: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent's Work Phone #: \_\_\_\_\_ Parent's Cellular #: \_\_\_\_\_

Home Phone # : \_\_\_\_\_

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.

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	*Denotes 3 day week
6/12 ____	6/17 ____	6/24 ____	7/1 ____	7/8 ____	7/15 ____	7/22 ____	7/29 ____	8/5 ____	

Mail registration form and checks to:  
Positive Athletics  
35630 High Pines Drive  
Eustis, FL 32736

**OR**

Email signed registration form and Zelle payment to:  
fiedler@embarqmail.com