

Joint Base Charleston
Youth Summer Sport Camps
Registration Form

SELECT A CAMP:

- Basketball (June 7-10) / \$25 / Ages: 8-14 Volleyball (July 18-22) / \$25 / Ages: 8-14
 Soccer (June 21-24) / \$25 / Ages: 6-14 Archery (August 1-5) / \$25 / Ages: 8-14
 Flag Football (July 5-8) / \$25 / Ages: 8-14

Name _____ Date of Birth _____

Home Phone _____ Cell Phone _____

E-Mail _____ Age _____

*A payment fee of \$25 (*non-refundable*) must be paid at the Youth Center located on 2451 N. O'Neal Ave, Bldg. 1993, Charleston, 29404 for all Summer Sport Camps.

Receipt #: _____ Staff Initials: _____ Date: _____

Medical Release Agreement and Parental Consent

Athletes are expected to have a **current Physical Form on file before your child will be allowed to play.** The instructors of the Summer Sports Camp are safety conscious and follow appropriate safety procedures. In the event of injury or illness, every effort will be made to contact the parent or guardian. If necessary I authorize JB Charleston Youth Programs to administer first aid/or authorize medical treatment if this becomes necessary. The above named athlete has had a medical examination within the last twelve months and is capable of participation in the sports of JB Charleston Youth Programs.

Parent/Guardian: _____

Emergency Contact (PLEASE PRINT):

Name _____

Phone _____