

**2017 MYSPORT SUMMER CAMP REGISTRATION & RELEASE FORM**

Please register for one or more camps by placing an X in the box beside the selected weeks .You can also register for "Overtime" by placing an X in the box beside the week if needed. **First enrolled camp week will be charged upon receipt of this registration form. Subsequent weeks will be charged the week prior to each camp's start date. You will need to pay by credit card for this option.**

**Registration is complete when the registration/release form with payment method has been provided. Additional forms may be needed depending on weekly field trip.**

	Camp Week	Dates	Time	Field Trip	Grades	Fee	Overtime \$25 Extra
<input type="checkbox"/>	Week 1	May 30 – June 2	9am-4pm	Main Event	K-5	\$160	<input type="checkbox"/>
<input type="checkbox"/>	Week 2	June 5 – June 9	9am-4pm	Gwinnett Braves	K-5	\$180	<input type="checkbox"/>
<input type="checkbox"/>	Week 3	June 12 – June 16	9am-4pm	Tree Top Quest	K-5	\$180	<input type="checkbox"/>
<input type="checkbox"/>	Week 4	June 19 – June 23	9am-4pm	Laser Quest	K-5	\$180	<input type="checkbox"/>
<input type="checkbox"/>	Week 5	June 26 – June 30	9am-4pm	Sky Zone	K-5	\$180	<input type="checkbox"/>
	<b>CLOSED</b>	<b>July 3 – July 7</b>	<b>No Camp</b>	<b>MYSPORT CLOSED</b>	<b>X</b>	<b>X</b>	
<input type="checkbox"/>	Week 6	July 10 – July 14	9am-4pm	Skate Country	K-5	\$180	<input type="checkbox"/>
<input type="checkbox"/>	Week 7	July 17 – July 21	9am-4pm	Sling Shot	K-5	\$180	<input type="checkbox"/>
	<b>CLOSED</b>	<b>July 24 – July 28</b>	<b>No Camp</b>	<b>MYSPORT CLOSED</b>	<b>X</b>	<b>X</b>	
<input type="checkbox"/>	Week 8	July 31 – August 4	9am-4pm	Coaches' Surprise!	K-5	\$180	<input type="checkbox"/>

**"Overtime" hours will be available in the mornings from 7:30am-9am, and in the afternoons from 4pm-6:30pm for an extra \$25 per week.**

Child's Name: \_\_\_\_\_  Male  Female

Birth date: \_\_\_\_\_ Rising Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Allergies: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

**Payment Method:**  Cash  Check # \_\_\_\_\_  Visa  Mastercard  Discover

Amount \$ \_\_\_\_\_ **Make checks payable to Suwanee Sports Academy**  
 If paying by credit card, we accept only Visa, Mastercard & Discover.

Card Number \_\_\_\_\_ Exp \_\_\_\_\_

CSC 3 Digit# \_\_\_\_\_ Signature \_\_\_\_\_

<b>Family Info:</b>	<b>Last Name</b>	<b>First Name</b>	<b>Relationship to Child</b>
Primary Contact	_____	_____	_____
Phone	h _____	c _____	
Secondary Contact	_____	_____	_____
Phone	h _____	c _____	

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: h \_\_\_\_\_ c \_\_\_\_\_

Name: \_\_\_\_\_ Phone: h \_\_\_\_\_ c \_\_\_\_\_

**Authorized Pick Up:**

Name: \_\_\_\_\_ Phone: h \_\_\_\_\_ c \_\_\_\_\_

Name: \_\_\_\_\_ Phone: h \_\_\_\_\_ c \_\_\_\_\_

**Parental Release & Refund Policy --- Please Read Carefully**

*I hereby give approval for the participation of my child in any and all Suwanee Sports Academy activities and assume all risks and hazards incidents to such participation, including transportation to and from all activities. I waive, release, absolve, indemnify and agree to hold harmless the Suwanee Sports Academy, affiliated associations, organizers, officers, coaches, parents, participants and officials from any claim arising out of injury to my child. I hereby give permission for Suwanee Sports Academy to obtain medical services for my child in case of medical emergency or injury. No refunds will be issued due to inability or unwillingness to attend/participate. Prorated refunds will only be considered for campers when a medical/physical injury/illness, verified by a physician's written statement, precludes participation or attendance in camp. I/We understand that NO REFUNDS will be issued other than stated above. I declare that my child is fit and have the skill level required to participate in this particular event. I also understand that my child or I may be required to leave the facility should my child or I exhibit undesirable conduct. I further grant released parties the right to photograph and/or video tape me or my child and further to use my or my child's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties are, however, under no obligation to exercise said rights herein granted. A full copy of our Policies/Procedures can be found on our website under MySport Summer Camps. In addition, you may also pick up a copy of these policies/procedures at our facility.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Parent or Guardian

**Contact Morgan Rooks 678-541-0287 or mrooks@ssasports.com for more info.**

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