



**Coast Sports**  
 463 24<sup>th</sup> Street  
 Santa Monica, CA 90402

**2011**  
**Class Application**

Please fill in any missing information and make corrections as necessary.  
 Help us communicate efficiently by including your e-mail address.

**CHILD**

Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 City, State Zip \_\_\_\_\_

**CLASS(ES)**

Class Name	Day	Time	Amount
Amount Due			

**PARENTS OR GUARDIAN**

	Mother	Father
Name	_____	_____
Home Phone	_____	_____
Daytime Phone (Business or Cell)	_____	_____
Fax	_____	_____
Email	_____	_____

Please send all emails to:  Mother  Father  Both

**Payment Information**

**Method of payment:**

- Check (*Please make checks payable to Coast Sports*)  
 Gift Certificate  
 Credit Card \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover

**Card #:** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_

If your child has medical or emotional needs that may require special attention, please staple a signed and dated letter to this application form that includes exact details of any action to be taken at camp in order to attend to your child's needs.

In case of emergency and I cannot be reached, I authorize Coast Sports' directors to obtain whatever medical treatment they deem necessary for the welfare of my child. I hereby release, indemnify and hold harmless Coast Sports and its staff from any and all claims arising out of injury to my child. I also agree to accept full responsibility, financial and otherwise, for the conduct of my child. I understand that there is no refund should my child be dismissed from camp for improper conduct.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please make checks payable to Coast Sports 463 24<sup>th</sup> Street Santa Monica, CA 90402  
 Web [www.coastsports.com](http://www.coastsports.com) ♦ E-mail [info@coastsports.com](mailto:info@coastsports.com) ♦ Tel (310) 913-3224 ♦ Fax (310) 576-1353