Coast Sports

463 24th Street
Santa Monica, CA 90402

2009 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 24th Street Santa Monica, CA 90402
Web www.coastsports.com ◆ E-mail info@coastsports.com ◆ Tel (310) 430-4336 ◆ Fax (310) 576-1353