

2010 SPRING BREAK CAMP REGISTRATION

Child's name: _____ Gender (M/F): _____
Date of Birth: ____/____/____
Grade: _____ School: _____
Week 1 _____ Week 2 _____ or Days (circle) 29 30 31 1 2 5 6 7 8 9

PARENT OR GUARDIAN

Name: _____
Address: _____
City: _____ Zip Code: _____
Home phone: _____ Business phone: _____
Cell phone/pager: _____ **Fax:** _____
e-mail address: _____

EMERGENCY INFORMATION

Emergency Contact: _____ Phone: _____
Doctor's Name: _____ Phone: _____
Medical Insurance Co.: _____ Policy # _____

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, C&C Soccer and their staffs 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: _____

PERSONS AUTHORIZED TO TAKE CHILD FROM CAMP:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

QUESTIONS? Info@coastsports.com or call (310) 422-0115

Please send completed form with your check made out to **Coast Sports** to
463 24th Street Santa Monica CA 90402