

2008 Capital Star Camps

Registration Application

Child 1:

Full Name: _____

Gender: Boy Girl

Date of Birth: ____ / ____ / ____ (dd/mm/yy)

Age when Camp begins: _____ years

School attending for Fall 2008: 2008-2009 Grade _____

T-Shirt Size:

Youth: Small Medium Large
Adult: Small Medium Large XL

Child 2:

Full Name: _____

Gender: Boy Girl

Date of Birth: ____ / ____ / ____ (dd/mm/yy)

Age when Camp begins: _____ years

School attending for Fall 2008: 2008-2009 Grade _____

T-Shirt Size:

Youth: Small Medium Large
Adult: Small Medium Large XL

Correspondence to be sent to:

Name: _____
Street Address: _____
City: _____
Postal Code: _____
Home Phone #: _____
Portable Phone #: _____

If parents do not live together, to whom does Capital Star Camps correspondence go?

Father Mother

Father's Contact Details:

Business Phone: _____ Portable Phone: _____
Email Address: _____

Mother's Contact Details:

Business Phone: _____ Portable Phone: _____
Email Address: _____

Please select term desired for the 2008 Winter/Spring/Summer Break:

Program	Date	1 Child	2 Children
<input type="checkbox"/> Summer Camp:			
<input type="checkbox"/> Spring Break Soccer Camp	April 21-25	<input type="checkbox"/> 450€	<input type="checkbox"/> 850€
<input type="checkbox"/> Sunday Soccer Academy	March 30-June 15	<input type="checkbox"/> 165€	<input type="checkbox"/> 320€
<input type="checkbox"/> Croatia Sailing Camp	April 28- May 2	<input type="checkbox"/> 1175€	<input type="checkbox"/> 2350€
<input type="checkbox"/> Summer Soccer Camp	July 7-11	<input type="checkbox"/> 450€	<input type="checkbox"/> 850€
<input type="checkbox"/> Paris Discovery Camp	July 14-18	<input type="checkbox"/> 650€	<input type="checkbox"/> 1200€
<input type="checkbox"/> Basketball Camp	Feb 25-29	<input type="checkbox"/> No Camp	<input type="checkbox"/> No Camp
<input type="checkbox"/> Spring Baseball Camp	April 28- May 2	<input type="checkbox"/> 595€	<input type="checkbox"/> 1190€

Payment Options

Cheque attached and made out to **Capital Star Camps**

Please note:

Capital Star Camps gives a 50E discount for each additional camper from the same family.

Read carefully before submitting this form:

Permission to attend and Parent's Authorization.

I hereby request that our child be accepted to attend Capital Star Camps. I understand and am aware that our child will be participating daily in many physical activities and that the potential for accidents does exist. I hereby give permission for our child to ride in camp buses and vehicles.

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment including hospitalization, for the person named above.

Submission of this form constitutes acceptance of the above Parent's Authorization.

Parent's Signature: _____

Date Signed: _____