



# BEVERLY HILLS SPORTS CAMP REGISTRATION FORM [www.bhsportscamp.com](http://www.bhsportscamp.com)

427 North Canon Drive #212, Beverly Hills, CA 90210 • Phone: (310) 273-5914 • Fax: (310) 275-5786

## FAMILY INFORMATION

Mother's Full Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
 Father's Full Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
 Mother's Occupation \_\_\_\_\_ Father's Occupation \_\_\_\_\_ Divorced? Yes No Custody? Joint Mom Dad  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## CAMPER INFORMATION

### CAMPER 1

Name \_\_\_\_\_  
 Sex \_\_\_\_\_ Grade in Sept. 2010 \_\_\_\_\_ School \_\_\_\_\_  
 Camper's Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
 T-Shirt Size (Please Circle One)  
 Youth SM (6-8) Youth M Youth L Adult SM Adult M Adult L Adult XL  
 List friends your child would like to be grouped with:  
 \_\_\_\_\_

### CAMPER 2

Name \_\_\_\_\_  
 Sex \_\_\_\_\_ Grade in Sept. 2010 \_\_\_\_\_ School \_\_\_\_\_  
 Camper's Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
 T-Shirt Size (Please Circle One)  
 Youth SM (6-8) Youth M Youth L Adult SM Adult M Adult L Adult XL  
 List friends your child would like to be grouped with:  
 \_\_\_\_\_

Circle program: **Sports Camp** or **Girls' Club** (Circle the appropriate days)

Week 1	June 21 – June 25	.....	M	T	W	T	F
Week 2	June 28 – July 2	.....	M	T	W	T	F
Week 3	July 6 – July 9	.....		T	W	T	F
Week 4	July 12 – July 16	.....	M	T	W	T	F
Week 5	July 19 – July 23	.....	M	T	W	T	F
Week 6	July 26 – July 30	.....	M	T	W	T	F
Week 7	August 2 – August 6	.....	M	T	W	T	F
Week 8	August 9 – August 13	.....	M	T	W	T	F
Week 9	August 16 – August 20	.....	M	T	W	T	F
Week 10	August 23 – August 27	.....	M	T	W	T	F

Circle program: **Sports Camp** or **Girls' Club** (Circle the appropriate days)

Week 1	June 21 – June 25	.....	M	T	W	T	F
Week 2	June 28 – July 2	.....	M	T	W	T	F
Week 3	July 6 – July 9	.....		T	W	T	F
Week 4	July 12 – July 16	.....	M	T	W	T	F
Week 5	July 19 – July 23	.....	M	T	W	T	F
Week 6	July 26 – July 30	.....	M	T	W	T	F
Week 7	August 2 – August 6	.....	M	T	W	T	F
Week 8	August 9 – August 13	.....	M	T	W	T	F
Week 9	August 16 – August 20	.....	M	T	W	T	F
Week 10	August 23 – August 27	.....	M	T	W	T	F

### LACROSSE CLINIC

Week 3	July 5 – July 7 – July 9	.....	M	W	F
Week 4	July 12 – July 14 – July 16	.....	M	W	F
Week 5	July 19 – July 20 – July 23	.....	M	W	F
Week 6	July 26 – July 28 – July 30	.....	M	W	F

### EXTENDED CARE (\$7.00 per hour/per child - PREPAY ONLY)

\_\_\_\_ **Early Care:** (8:00 am - 9:00 am) \_\_\_\_ **Late Care:** (3:30 pm - 4:30 pm)  
**TRANSPORTATION** (within our designated areas only)  
 \_\_\_\_ **YES** - I would like BHSC to provide transportation for my child.  
 \_\_\_\_ **NO** - I will provide my own transportation.

### PICK-UP AUTHORIZATION:

Please list the names of anyone who is authorized to pick up your child(ren) from camp. All campers must be signed in and out daily by an authorized responsible adult, unless our transportation service is being used.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL

Please Circle Please List

Tetanus shot current? YES NO Any relevant allergies: \_\_\_\_\_

Wear glasses or contacts? YES NO Any medications: \_\_\_\_\_

Asthma? YES NO Any behavioral or health problems: \_\_\_\_\_

Hearing Problems? YES NO In the event of a headache, please give my child: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

In the event of an emergency I authorize the administering of medical care at the nearest facility for my child (name) \_\_\_\_\_

### RELEASE:

Please Check and Sign  
 In case of emergency and I cannot be reached, I authorize BHSC Directors, to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I hereby release, indemnify and hold harmless BHSC Directors and their staff from any and all claims arising out of injury to my child. I also agree to accept full responsibility, financial or otherwise, for the conduct of my child. I understand that there is no refund should my child be dismissed from camp for improper conduct.

Parent Signature: \_\_\_\_\_

## BILLING INFORMATION

A minimum deposit of \$200.00 per camper must accompany this registration form to reserve your camper's space. (\$100.00 non-refundable upon cancellation prior to June 1st. NO money is refundable after June 1st.) The remainder of the balance is due before camp starts.

AMOUNT ENCLOSED: \$ \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_

VISA/MASTERCARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ NAME ON CARD: \_\_\_\_\_

I authorize Beverly Hills Sports Camp to charge my credit card number for the designated amount. SIGNATURE: \_\_\_\_\_

TEAR OFF REGISTRATION FORM AND MAIL WITH PAYMENT TO BHSC