

CAMPER REGISTRATION

Virginia Gardens

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Email Address: _____

School Camper Attends: _____

Any Known Allergies: _____

Medications Camper Will Bring: _____

Camper's Medical Insurance and Policy #:

Work phone or emergency #: _____

Where did you hear about us: _____

T-Shirt Size

YS YM YL YXL AS AM

Please check the week(s) you would like to register for, and mail this form along with your \$140 payment for one week or a \$250 payment for both weeks. ((Lunch NOT included))
Mail to: P.O. Box 566452 Miami FL 33256

July 21-25

July 28-Aug. 1

I certify that my child enrolled above is in excellent health and may participate in strenuous physical activities including soccer. I agree to defend and hold the camp, its servants, agents and/or employees and contractors harmless from any and all claims for injuries sustained by my child during his or her participation in the camp. Permission is hereby granted for my child to receive emergency medical treatment, if needed, and I certify that there are no limits to my child's participation except as stated in writing and included with this application.

Signature of Parent / Guardian

Date