

# Golden Eagle Summer Sports Camp Registration 2012

Golden Eagle Sports Camp • P.O. Box 896 • Los Altos, CA 94022 • 650-298-9740  
 www.goldeneaglecamp.org monica.lodge@sbcglobal.net

**1. Choose Site:** Los Altos Homestead

## 2. Camper Information

Name of Camper #1: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Shirt Size (check one): YS YM YL YXL  
 AS AM AL AXL

Name of Camper #2: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Shirt Size (check one): YS YM YL YXL  
 AS AM AL AXL

Name of Camper #3: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Shirt Size (check one): YS YM YL YXL  
 AS AM AL AXL

## 3. Contact Information

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

email: \_\_\_\_\_

## 4. Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

## 5. Camp Attendance

Please indicate which weeks you are registering for along with your extended care needs.

### Regular Camp Hours (9:30-4:00)

camper #1 camper #2 camper #3

### Extended Care Hours (7:30-9:30 AM 4:00-6:00 PM)

please indicate specific times needed

	AM	PM
June 11-15	—	—
June 18-22	—	—
June 25-June 29	—	—
July 2-6	—	—
July 9-13	—	—
July 16-20	—	—
July 23-27	—	—

## 6. Camper History

New Camper: \_\_\_\_\_ Returning Camper: \_\_\_\_\_

If you are new to Golden Eagle Summer Sports Camp, please tell us how you heard about us.  
(select all that apply)

Word of mouth: \_\_\_\_\_

Website: \_\_\_\_\_

Facebook: \_\_\_\_\_

Newspaper (which one): \_\_\_\_\_

Personal Referral (name): \_\_\_\_\_

Other (please specify): \_\_\_\_\_

## 7. Payment Options

Please mail completed and signed registration form, camp fees, and \$25 registration fee to Golden Eagle Sports Camp, P.O. Box 896, Los Altos, CA 94022.

I would like to pay my bill via credit card using the PayPal invoice system.\*

email (please print clearly) \_\_\_\_\_

I would like to pay my bill via cash or check.

\*Please note a \$10 service charge will be applied to all credit card transactions

## 8. WAIVER OF LIABILITY AND DISCLAIMER

To induce the Golden Eagle Sports Camp to accept registration and permit participation in Golden Eagle Sports Camp by the named individual(s), we the parents or guardians of said individual(s), hereby give our consent and agree to release and hold harmless Golden Eagle Sports Camp and its coaches from any claim arising out of injury to named individual(s). We also give permission to obtain available medical treatment in the case the parent/ guardian cannot be reached.

Legal Authorization for Emergency Care and acknowledgement of Disclaimer

Name of camper(s): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_