

Holly-Day Camp REGISTRATION 2018

Child's Name: _____ Age/DOB: ___/___/___

Parent's Name: _____

Address: _____

Day Time Phone#: _____ Cellphone#: _____

Email Address: _____

Days/Weeks of Attendance (if known)*: _____

Please select dates you'd like to have your child attend:

December 8th, 2018
 December 16th, 2018
 December 22nd, 2018

PLEASE COMPLETELY FILL OUT this form and the State of Michigan Child Information Record form that is attached or available at the Sportsplex and on our website. Both forms **MUST** be completed and returned to the Sportsplex before your child can attend the Summer Day Camp.

LIABILITY RELEASE: I, as a participant or legal guardian representing a minor participant, agree to release the Otsego County Sportsplex, its officers, employees, and volunteers from any and all liability for accidents, injuries, loss of, and/or damage to my/our person or property that may arise out of my/our participation in, or my/our presence at, listed activity(s). I/we are aware that there are certain risks and/or possible dangers in participating in this activity(s). I have entered into this agreement of my own free will.

I verify that my school age child is in good health, able to participate in normal activities and participates in a regular health screening, which includes wellness checks and updates regarding immunizations.

I give permission for my child to ride on a school bus to and from lunch at a Gaylord School.
I give permission for my child to participate in field trips which may include being transported by bus.

I give permission for my child to appear and be named in photographs and/or videos in newspaper articles, and on the Sportsplex Facebook page.

** Unless I revoke my permission in writing, the Otsego County Sportsplex has permission for my child to participate in all the above activities for the period of time he/she is enrolled in Summer Day Camp

I agree that PAYMENT is due upon registering my child for the above listed date/s
 By checking this box I acknowledge all of the above.

Parent/Guardian
Signature: _____ Date: _____

Otsego County Sportsplex 1250 Gornick Avenue, PO BOX 1886, Gaylord MI 49734
989-731-3546 ~ fax#: 989-731-0958 ~ www.ocsportsplex.com



SPORTSPLEX
"Holly-DAY CAMP"
~~Summer Day Camp~~

Drop & Shop

SWIM SKATE PLAY

Ages 5-12



December 8th, 16th & 22nd
Drop off anytime after 10am
Pick-up by 4pm

Lunch will be provided

\$25/Day
Due when reserving your child's space

Space is limited. Reserve your child's space in advance.
Drop ins are welcome permitting that space is available.
Please pack warm clothes for winter play, appropriate swim wear & a towel