



Coast Sports

463 24th Street
Santa Monica, CA 90402

Summer Registration 2004

Please help us communicate efficiently by including your e-mail address.

CAMPER

Name _____ Gender _____ Birthdate _____
 Address _____ School _____ Grade _____
 City, State Zip _____

REGISTRATION

Check one: **ROOKIE CAMP** (4-5 yr olds) **Coach Steve's Summer of Fun** (5-11 yr olds)

Please check the days and weeks you'll be joining us:

	Mon	Tues	Wed	Thur	Fri
Week 1 June 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2 June 28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 3 July 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 4 July 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Mon	Tues	Wed	Thur	Fri
Week 5 July 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 6 July 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 7 August 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 8 August 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARENTS OR GUARDIAN

	Mother	Father
Name	_____	_____
Home Phone	_____	_____
Daytime Phone (Business or Cell)	_____	_____
Fax	_____	_____
Email	_____	_____

Please send all emails to: Mother Father Both

If your child has medical or emotional needs that may require special attention, please staple a signed and dated letter to this application form that includes exact details of any action to be taken at camp in order to attend to your child's needs.

In case of emergency and I cannot be reached, I authorize Coast Sports' directors to obtain whatever medical treatment they deem necessary for the welfare of my child. I hereby release, indemnify and hold harmless Coast Sports and its staff from any and all claims arising out of injury to my child. I also agree to accept full responsibility, financial and otherwise, for the conduct of my child. I understand that there is no refund should my child be dismissed from camp for improper conduct.

Signed _____ Date _____

EMERGENCY CONTACT INFORMATION

	Name & Relationship to Camper	Phone Number
Emergency Contact	_____	_____
Pediatrician's Name	_____	_____
Medical Insurance Co. & Policy #	_____	_____

PERSONS AUTHORIZED TO PICK UP CHILD FROM CLASS (besides Mom and Dad)

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please make checks payable to Coast Sports
E-mail Info@coastsports.com ♦ Tel (310) 451-4220 ♦ Fax (310) 576-1353