



Sample Camp Application

Your Camp Name Here Camp Application

Please print this form, fill out entire form, sign form, and mail it with deposit. Be sure to also download and complete USA Ultimate Waiver AND the Medical form

Camper Information

Name: Address: State Home Phone: Name of School: Are you a USA Ultimate member? Yes No How did you hear about the camp?

Date of birth City: Zip: Male Female Email address: Grade in school as of 9-1-11 Shirt Size

Guardian Information

Guardian One's Name Guardian One's Home phone Guardian One's Cell phone Guardian One's Work phone

(if applicable)

Guardian Two's Name Guardian Two's Home phone Guardian Two's Work phone Guardian Two's Cell phone

In Case of Emergency Notify

Name: Address: Phone:

Relationship: City: State: Zip:

Your camp dates and location(s) here

Discounts (optional)

Earlybird Local organization membership State organization membership Sibling Attended in past

Original cost \$ Total discount \$ = Final cost \$

See rates and schedules link for discount info and which discounts can be combined.

Make checks payable to: Your camp name and send this application, the medical form, and the USA Ultimate waiver to: Your camp name, camp address, city state, zip. A deposit (50% of tuition) will reserve your spot. Full tuition is due by June 15 or enrollment is subject to cancellation. Reservations are made in order of receipt, and we will notify you if preferred weeks are not available. No refund will be made if notice of cancellation is not received 3 weeks prior to the weeks selected. We reserve the right to dismiss any student whose conduct is detrimental to the camp and no refund will be made. No refund will be made for late arrival or early departure. No refund will be made for withdrawal due to illness or family vacation. All cancellations subject to \$100 cancellation fee. Camp retains the right to use photographs of campers for advertising purposes unless a specific written request to the contrary accompanies the application forms.

I HAVE CAREFULLY READ THE INFORMATION ABOVE AND AGREE TO THE CONDITIONS STATED HERIN.

Parent/Guardian Signature: Date: