

# USC Day Camp Registration Form

Today's Date \_\_\_\_\_



Participant's Name \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

If there are multiple kids fill out separate form & indicate 1<sup>st</sup> child ☐ 2<sup>nd</sup> child ☐ 3<sup>rd</sup> child ☐

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mom's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Mom's Work # \_\_\_\_\_ Father's Work # \_\_\_\_\_

Home Address \_\_\_\_\_

EMAIL \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Photo Release: I grant Uptown Sports Complex permission to take photos of my child during class activities for promotional ads and web-site usage. YES ☐ NO ☐ Parent Signature \_\_\_\_\_

**We plan and provide a place for your child in class therefore any missed classes cannot be deducted from tuition. There is a \$42 annual registration for each child (n/a for day camps). No Sibling Discount for Day Camps. All payments are due upon registration. There is a 3% fee when paying with credit/debit card. There is a \$30 fee for returned checks. All payments/deposits are NON-REFUNDABLE & NON-TRANSFERABLE / No Credit / No Refund.**

I read the above & understand (Initial) \_\_\_\_\_

Package (mark X) 4 days \$260 ☐ 5 days \$325 ☐

## CIRCLE DAY(s) OF WEEK

Monday  
2/20

Tuesday  
2/21

Wednesday  
2/22

Thursday  
2/23

Friday  
2/24

## OFFICE USE ONLY

Enrolling Package Due \$ \_\_\_\_\_ Early/Late Fee Total \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Payment type cash ☐ check ☐ credit card ☐ 3% fee \$ \_\_\_\_\_ Total Due \$ \_\_\_\_\_

If paying over the phone staff must fill out completely in order to process payment

VISA

MASTERCARD

AMEX

DISCOVER

CARD #

EXP DATE

SECURITY CODE

CARD ZIP CODE

## CLIENT RETURNING ONLY

Date of Return \_\_\_\_/\_\_\_\_/\_\_\_\_

Circle Package

1 Day

2 Day

3 Day

4 Day

Amount Due \$ \_\_\_\_\_

Amount Paid Above \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

Payment type cash

check

credit card

(3% fee \_\_\_\_\_)

Total Amount Due \$ \_\_\_\_\_



170 West 233<sup>rd</sup> Street Bronx, NY 10463 Tel 718.549.PLAY Fax 718.543.7528 Email [info@uptownsportscomplex.com](mailto:info@uptownsportscomplex.com)

### USC Early drop off and late pick up Request

\_\_\_ No – My child does not need early drop off

\_\_\_ Yes - My child will be dropped off between the hours of 8:30am and 8:50am

\_\_\_ day # 1 \_\_\_ day # 2 \_\_\_ day # 3 \_\_\_ day # 4 \_\_\_ day # 5 Early Drop off \$10.00 per day per child

\_\_\_ No – My child does not need late pick up

\_\_\_ Yes - My child will be picked up between the hours of 3:15pm and 6pm

Late pick up fee \$10.00 per child 3:15 – 4pm \_\_\_

Late pick up fee \$20.00 per child 3:15 – 5pm \_\_\_

Late pick up fee \$30.00 per child 3:15 – 6pm \_\_\_ \*Based on staff availability

\_\_\_ day # 1 \_\_\_ day # 2 \_\_\_ day # 3 \_\_\_ day # 4 \_\_\_ day # 5

Total Days \_\_\_\_\_ Total Due \$ \_\_\_\_\_

### USC Authorized family members and/or friends pick up sheet

Please fill out the names and phone #'s of all people authorized to pick up your child (Parents are auto included)

Name: \_\_\_\_\_ Tel # \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Tel # \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Tel # \_\_\_\_\_ Relationship: \_\_\_\_\_

Is there anyone who cannot pick up child; YES / NO If yes name of person \_\_\_\_\_

### Facility Waiver

Please check below

☐

I have signed the electronic facility waiver online (<https://uptownsports.waiverapps.com/admin/waivers>)

for my child \_\_\_\_\_ to participate in the camp program

☐

I have signed a paper facility waiver for my child \_\_\_\_\_ to participate in the camp

Parent Signature \_\_\_\_\_

-----Office Use Only-----

☐

Verified there is an electronic facility waiver online for the child named above (<https://uptownsports.waiverapps.com/admin/waivers>)

☐

Verified that a paper facility waiver is on file for the child named above

\_\_\_\_\_ Employee Initials



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Camper's Name: \_\_\_\_\_

Health Ins. Plan Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Please provide any information about participant's behavior and physical, emotional, or mental health that USC should be aware of.

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Medical Information to be filled out by Doctors office only
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Family Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Medical Alerts- Please check all that apply.

\_\_\_\_\_ Drug Allergies - \_\_\_\_\_  
\_\_\_\_\_ Food/ Environmental Allergies \_\_\_\_\_  
\_\_\_\_\_ Bee Sting Allergy \_\_\_\_\_  
\_\_\_\_\_ Asthma/Inhaler \_\_\_\_\_  
\_\_\_\_\_ Epi-Pen \_\_\_\_\_  
\_\_\_\_\_ Current Medications \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

Immunizations up to date: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Last Physical: \_\_\_\_\_

I CERTIFY THAT \_\_\_\_\_ IS IN GOOD PHYSICAL CONDITION AND CAN PARTAKE IN ALL DAILY INDOOR AND OUTDOOR SPORTS ACTIVITIES SUCH AS SOCCER, BASEBALL, BASKETBALL, GYMNASTICS, DANCE, YOGA, RUNNING, CLIMBING AND JUMPING.

**Physicians Signature or Office Stamp** \_\_\_\_\_ **Date:** \_\_\_\_\_

BY MY SIGNATURE AND IN MY ABSENCE, I AUTHORIZE AND HEREBY GRANT PERMISSION TO ANY APPROVED USC STAFF MEMBER TO CALL 911 AND GIVE CONSENT FOR MY CHILD TO RECEIVE MEDICAL TREATMENT FROM 911 AND/OR ANY AREA HOSPITAL IN THE EVENT OF A MEDICAL EMERGENCY.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I UNDERSTAND THAT THE USE OF THE CAMP'S FACILITIES INVOLVE ACTIVITIES AND INTERACTIONS THAT MAY BE NEW TO CAMPERS, AND THAT THEY COME WITH RISKS AND UNCERTAINTIES THAT THEY MAY NOT BE USED TO AT HOME OR AT SCHOOL. I REALIZE THAT NO ENVIRONMENT IS RISK-FREE AND I AGREE TO WAIVE ANY CLAIMS FOR DAMAGE, INJURY OR ILLNESS AGAINST UPTOWN SPORTS COMPLEX OR ITS AGENTS WHILE UTILIZING ANY OF ITS FACILITIES.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_