



THANKSGIVING & WINTER BREAK CAMPS

NAME OF CHILD: _____ DOB: _____ GENDER: M/F

ADDRESS: _____ CITY, ZIP CODE: _____

PARENT NAME: _____ PHONE #: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT #1 NAME: _____ PHONE # _____

EMERGENCY CONTACT #2 NAME: _____ PHONE # _____

Any food or drug allergies: _____

Any other information we should know about your child:

Any siblings in camp with the above child? Name(s) & Date Of Birth

*Camp time: 8:00am to 4:00pm- \$25/day

*Extended Time \$5 extra- Early Drop or Late Pick Up 7:30am-5:00pm

CAMP DATES: (Please check all that you will attend)

☐ Monday, November 22

☐ Tuesday, November 23

☐ Wednesday, Nov 24

☐ Monday, Dec 20

☐ Tuesday, Dec 21

☐ Wednesday, Dec 22

☐ Thursday, Dec 23

☐ Monday, Dec 27

☐ Tuesday, Dec 28

☐ Wednesday, Dec 29

☐ Thursday, Dec 30

With my signature below, I give my preference as to whether my child's photo/video images to be used for publication purposes by Fair Play Indoor Soccer. These images can be used in print and on the World Wide Web minus names. _____Yes _____No

Signature of parent or legal guardian: _____ Date: _____