



BEVERLY HILLS SPORTS CAMP REGISTRATION FORM

www.bhsportscamp.com

9663 Santa Monica Blvd., #736, Beverly Hills, CA 90210 • Phone: (310) 273-5914

FAMILY INFORMATION

Mother's Full Name _____ Work Phone (____) _____ Cell (____) _____
Father's Full Name _____ Work Phone (____) _____ Cell (____) _____
Mother's Occupation _____ Father's Occupation _____ Divorced? Yes No Custody? Joint Mom Dad
Home Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Fax (____) _____ Email _____
Emergency Contact _____ Relationship _____ Phone (____) _____

CAMPER INFORMATION

CAMPER 1

Name _____
Sex _____ Grade in Sept. 2019 _____ School _____
Camper's Birthdate _____ Age _____

Circle program: **Sports Camp** or **Girls' Club** (Circle the appropriate days)

Week 1	June 3 – June 7	.....	M	T	W	T	F
Week 2	June 10 – June 14	.....	M	T	W	T	F
Week 3	June 17 – June 21	.....	M	T	W	T	F
Week 4	June 24 – June 28	.....	M	T	W	T	F
Week 5	July 1 – July 3	.....	M	T	W	X	X
Week 6	July 8 – July 12	.....	M	T	W	T	F
Week 7	July 15 – July 19	.....	M	T	W	T	F
Week 8	July 22 – July 26	.....	M	T	W	T	F
Week 9	July 29 – August 2	.....	M	T	W	T	F
Week 10	August 5 – August 8	.....	M	T	W	T	X

CAMPER 2

Name _____
Sex _____ Grade in Sept. 2019 _____ School _____
Camper's Birthdate _____ Age _____

Circle program: **Sports Camp** or **Girls' Club** (Circle the appropriate days)

Week 1	June 3 – June 7	.....	M	T	W	T	F
Week 2	June 10 – June 14	.....	M	T	W	T	F
Week 3	June 17 – June 21	.....	M	T	W	T	F
Week 4	June 24 – June 28	.....	M	T	W	T	F
Week 5	July 1 – July 3	.....	M	T	W	X	X
Week 6	July 8 – July 12	.....	M	T	W	T	F
Week 7	July 15 – July 19	.....	M	T	W	T	F
Week 8	July 22 – July 26	.....	M	T	W	T	F
Week 9	July 29 – August 2	.....	M	T	W	T	F
Week 10	August 5 – August 8	.....	M	T	W	T	X

EXTENDED CARE (\$7.00 per hour/per child - PREPAY ONLY)

____ **Early Care:** (8:00 am - 9:00 am) ____ **Late Care:** (3:30 pm - 4:30 pm)

PICK-UP AUTHORIZATION:

 Please list the names of anyone who is authorized to

pick up your child(ren) from camp. All campers must be signed in and out daily

by an authorized responsible adult, unless our transportation service is being used.

	Please Circle		Medical	Please List
Tetanus shot current?	YES NO	Any relevant allergies:		
Wear glasses or contacts?	YES NO	Any medications:		
Asthma?	YES NO	Any behavioral or health problems:		
Hearing Problems?	YES NO	In the event of a headache, please give my child:		
Health Insurance Co.:		Policy No.:	Group No.:	Phone No.:

In the event of an emergency I authorize the administering of medical care at the nearest facility for my child (name) _____

RELEASE:

 Please Check and Sign

☐ In case of emergency and I cannot be reached, I authorize BHSC Directors, to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I hereby release, indemnify and hold harmless BHSC Directors and their staff from any and all claims arising out of injury to my child. I also agree to accept full responsibility, financial or otherwise, for the conduct of my child. I understand that there is no refund should my child be dismissed from camp for improper conduct.

Parent Signature: _____

BILLING INFORMATION

AMOUNT ENCLOSED: \$ _____ CHECK NUMBER: _____

VISA/MASTERCARD NUMBER: _____ EXP. DATE: _____ CVV # _____

NAME ON CARD: _____

I authorize Beverly Hills Sports Camp to charge my credit card number for the designated amount. SIGNATURE: _____