

# JNJ Multi-Sport Summer Camp

Summer 2010

Childs Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male Female  
Childs Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male Female  
Childs Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male Female  
Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mothers Name: \_\_\_\_\_ Contact Phone # \_\_\_\_\_  
Fathers Name: \_\_\_\_\_ Contact Phone # \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## Health / Medical Insurance

Carrier: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Family Physician's Name: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_  
Medical Conditions (List): \_\_\_\_\_  
Allergies (List): \_\_\_\_\_

In the case of a serious injury, JNJ Camp Staff will evaluate the situation and determine the best course of action. Only in an emergency situation will contacting EMS first be used over parental authorization. By signing this form, you grant consent to any and all health care providers designated by Jump-N-Jimmys LLC and Haymarket SportsPlex LLC. This includes any necessary medical care as a result of any injury/illness, First Aid administration, and transportation to/from the health care providers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Camp Dates

**Circle The Dates You Would Like To Sign Up For**

<b>June</b>	21st-25th	28th-2nd		
<b>July</b>	5th-9th	12th-16th	19th-23rd	26th-30th
<b>August</b>	2nd-6th	9th-13th	16th-20th	23rd-27th

<b>Costs</b>
\$195 Per Week (9am-2pm)
\$310 Per Week (8am-6pm)
\$25 Early Drop Off/Week
\$110 Late Pickup/Week

A \$25 registration fee is required for each week your child is registered for camp. Registration fees are non-refundable but will be applied to the remaining balance. Camp dues are to be paid in full at the beginning of your scheduled camp date. All participants are required to have a waiver form on file before participation will be allowed. Camp forms are available for download at [www.jumpnjimmys.com](http://www.jumpnjimmys.com).

<b>Possible Discounts</b>
\$10 Early Registration (4/1/10)
\$5 Off Siblings Registration
\$10 Multiple Weeks Each Week

Total Weeks Registered: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Payment Type

Check      Visa      Master Card      Discover      Cash

Date Received: \_\_\_\_\_