

Camper's Name: _____ Birthdate: _____

Age: _____ Sex: **M / F** Grade: _____ School Camper Attends: _____

Does the participant have a physical or medical impairment the recreation department should know about? **YES** ___ **NO**___

If yes, Specify _____

T-SHIRT SIZE: Youth Medium ___ Adult Small ___ Adult Medium ___ Adult Large ___ Adult X-Large ___
Adult XX-Large ___

June 17th – June 21st, 2019

___ **\$189** Full Day (ages 5 – 17): 8:30am – 2:00pm (Mon. – Thur.) 8:30am – 12pm (Fri.)

___ **\$139** Half Day (ages 5 – 17): 8:30am – 12pm

___ **\$89** Evening (ages 7 – 11): 5:45pm – 8:00pm

Father or Guardian

Name: _____
Street: _____
City: _____ Zip: _____
Home Phone: (_____) _____
Other Phone: (_____) _____
Email Address: _____

Mother or Guardian

Name: _____
Street: _____
City: _____ Zip: _____
Home Phone: (_____) _____
Other Phone: (_____) _____
Email Address: _____

Registration / Refund Information: All registrations are accepted on a first-come, first served basis. Stop by the Athletics Office to complete the registration/waiver form and pay the required charge (cash or check made payable to City of Hampton, Visa, MasterCard or American Express). Hampton Parks, Recreation and Leisure Services does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. Camp refund request must be made prior to the first day of games. Any request for a refund after the first day of camp for illness, injury or re-location is subject to review by the Director. All refund requests must be made in writing whether in person at the Athletics Office or by email to derocke.croom@hampton.gov.

I (We), the below-signed certify (1) That the above information is correct; (2) That in consideration and as a condition of the above identified registrant's participation in the Lionsbridge FC Soccer Camp, I agree to indemnify, defend and hold harmless the City of Hampton, its agents and employees from and against any and all liability from injury which I or my child may suffer as result of or in connection with or arising out of the registrant's participation in the above program; and (3) That the responsibility for carrying appropriate medical plans, including hospitalization lies with below-signed parent/ guardian.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

MEDIA RELEASE: I authorize Hampton Parks, Recreation and Leisure Services Department to reproduce and / or publish pictures or likeness of my child(ren) and I, for the promotion of, or encouraging public participation in, the Hampton Parks, Recreation & Leisure Service programs. I understand that I will not be reimbursed in cash or in kind now or in the future.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

NO REFUNDS AFTER THE CAMP BEGINS – Payment must accompany registration form

OFFICE USE ONLY: FEE PAID \$ _____ Check Cash Charge Receipt # _____ Date ____/____/____