

# OAK PARK AGOURA SPORTS FITNESS CAMP APPLICATION

**\*Attach camper photo**

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Camper	Age	Birth date	Email address
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Address	City	Zip Code	School
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Mother's Name	Home/Cell/Work Phone	Father's Name	Home/Cell/Work Phone
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Child's Physician	Phone	Emergency Contact	Phone	Relationship
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T-Shirt (circle size) Child: S M L XL Adult: S M L XL Yes, I would like extra T for \$10 \_\_\_\_\_

**Please circle the days and times you would like your camper to attend.**

**Half day is 8:30am-12:30pm, Full day is 8:30am-3:30pm, SS is summer school, EDO is early drop off, AC is aftercare**

Dates	Week	Days	Times						
May 29–June 1	1	HOLIDAY T W TH F	Half Day	Full Day	SS	EDO	AC		
June 4-June 8	2	M T W TH F	Half Day	Full Day	SS	EDO	AC		
June 11 – June 15	3	M T W TH F	Half Day	Full Day	SS	EDO	AC		
June 18 – June 22	4	M T W TH F	Half Day	Full Day	SS	EDO	AC		
June 25 – June 29	5	M T W TH F	Half Day	Full Day	SS	EDO	AC		
July 2 – July 6	6	M T HOLIDAY TH F	Half Day	Full Day	SS	EDO	AC		
July 9 – 13	7	M T W TH F	Half Day	Full Day	SS	EDO	AC		
July 16 – 20	8	M T W TH F	Half Day	Full Day	SS	EDO	AC		

**\*\* Camp Kick off lunch party May 29                      End of Camp Party July 20!!**

Please list any medical conditions/allergies or dietary considerations we should be aware of:  
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I hereby authorize the staff of this camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release its directors, employees and their heirs from any liability and injury or illness incurred at camp.

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Parent's signature	Date	Health Insurance Policy #
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Can we use photos of your child captured at camp for display or advertising ? Yes! \_\_\_\_\_ initial here

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