



2016 CIT APPLICATION



Child's Name: _____ School: _____

Fall 2016 Grade: _____ Gender M/F: _____ Date of Birth: _____ / _____ / _____

Location: ___ WLA ___ HP ___ SM ___ SL

Sessions: ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9

Days of Attendance: ___ MONDAY ___ TUESDAY ___ WEDNESDAY ___ THURSDAY ___ FRIDAY

PARENT OR GUARDIAN INFORMATION

Parent Name(s): _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ Home Phone: (_____) _____

Cell Phone 1: (_____) _____ (mom/dad) Cell Phone 2: (_____) _____

Email 1: _____ (mom/dad) Email 2: _____

CREDIT CARD INFORMATION (VISA/MC) _____ EXP. DATE: _____

EMERGENCY INFORMATION

Emergency Contact: _____ Phone: (_____) _____
(other than parent)

Doctor's name: _____ Phone: (_____) _____

Medical Insurance Co: _____ Policy #: _____ Date of Tetanus: _____

Does your child have any physical activity restrictions? ___ YES ___ NO

Does your child have any allergies to any foods or medications? ___ YES ___ NO

Does your child have any dietary restrictions? ___ YES ___ NO

If YES to any of the above, please download the Medical Information and Clearance and submit with application.

Will your child be required to take any medication while at PTSC? ___ YES ___ NO

If YES, please download either the Prescription or Non-Prescription Medication Dispensing Agreement and submit with application.

- In case of an emergency and I cannot be reached, I authorize the Prime Time Sports Camp Director, or his designee, to obtain whatever medical treatment he or she deems necessary for the welfare of my child. I understand the potential risks involved in the activities provided by Prime Time Sports Camp and I hereby agree to assume all such risks, including the risk of injury to my child. I hereby release, and agree to protect, defend, indemnify and hold harmless Prime Time Sports Camp and its owners, officers, directors and 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 further understand that my child may be dismissed from the program for conduct deemed improper by the Director in his sole discretion.
- All pictures, films, tapes, or other likenesses of my child taken during camp hours are the property of Prime Time Sports Camp and may be used for any and all promotional materials.
- PERMISSION TO SIGN IN AND OUT OF CAMP: Please be aware that should you allow your child to sign in or out, Prime Time Sports Camps is in no way responsible for your child until he/she signs him/herself in to, or after he/she signs out of camp. **Child must be entering at least the 4th grade to sign themselves out.**

My child may sign him/herself IN TO CAMP ___Y ___N **My child may sign him/herself OUT OF CAMP** ___Y ___N

Persons other than myself that authorized to pick up my child from camp:

Name: _____ Phone: (_____) _____ Relationship to Child: _____

Name: _____ Phone: (_____) _____ Relationship to Child: _____

Signature of Parent or Guardian

Date

Please Fax SIGNED Application to (310) 838-8825
Or Scan and Email to STAFF@PRIMETIMESPORTSCAMP.COM
Call (310) 838-7872 If You Have ANY Questions