

Child's Name: \_\_\_\_\_

Fall 2024 Grade: \_\_\_\_\_ Gender M/F: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### 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** (ALL Major Credit/Debit Cards Accepted) \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

### EMERGENCY INFORMATION

Medical Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

*Does your child(ren) have any physical activity restrictions?*       YES    NO

*Does your child(ren) have any allergies to any foods?*       YES    NO

*Does your child(ren) 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(ren) 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.**

1. 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.
2. I authorize the exchange of information regarding my child between Prime Time Sports Camp and Ivanhoe Elementary School.
3. I understand that it is my sole responsibility to arrange for signing my child in and out of the program and for arranging for his/her drop off and pick up. I understand and agree that Prime Time Sports Camp is not responsible for my child or for the actions and behavior of my child in the event that my child leaves the supervision of the program during the hours of the program with me or a person authorized to pick up my child as set forth above, regardless of whether or not he or she has been signed into or out of the program.
4. 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.
5. I understand, authorize, and agree that any art projects made by my child during, or as part of, the Prime Time Sports Camp (or any likenesses, replicas, or re-creations of any such art projects made by my child) may be used, depicted, or displayed by Prime Time Sports Camp for any promotional or fundraising purposes that Prime Time Sports Camp may choose or deem appropriate.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**PLEASE FAX SIGNED APPLICATIONS TO THE PRIME TIME SPORTS CAMP OFFICE at (310) 838-8825 or  
SCAN AND EMAIL TO [STAFF@PRIMETIMESPORTSCAMP.COM](mailto:STAFF@PRIMETIMESPORTSCAMP.COM)  
QUESTIONS CALL (310) 838-7872**

# PRIME TIME SPORTS CAMP Admission Agreement

Name of Child: \_\_\_\_\_

Acknowledgement & Agreement – As the parent or legal guardian of the above named child, I understand, agree to and/or acknowledge the following:

- A. I acknowledge that I have received a copy of the PRIME TIME SPORTS CAMP Parent Handbook and will comply with the policies set forth.
- B. My child will receive after school care from PRIME TIME SPORTS CAMP from the time he/she is signed in to the program by a teacher or PTSC Staff Member until the time that an authorized person signs him/her out of the program. PRIME TIME SPORTS CAMP will offer homework assistance, art and enrichment activities, and sports and recreation activities.
- C. In the event that optional services are offered, PTSC will require a separate Admission Agreement.
- D. That program participation requires an annual tuition and that non-payment will result in my child losing the privilege of participating in the program and could result in legal referral with additional costs to myself. The tuition can be paid in full or divided into 10 equal payments that are collected on the 15th day of each of the following months: **August 2024, September 2024, October 2024, November 2024, December 2024, January 2025, February 2025, March 2025, April 2025, May 2025. Each month's payment will be exactly the same regardless of my child's attendance or school holiday schedule.** I further understand that there is an administrative processing fee for any payment returned by my bank or credit account. The monthly payment will be \$520. A 10% discount is given to each additional sibling. Acceptable methods of payment include credit card (ALL major credit/debit cards accepted) and personal check. A valid credit card number must be on file for all participants. In the event that payment is not received within five business days of the due date, the card on file will be charged for the appropriate amount, including applicable late fees.
- E. Late Pick-Up Policy: PTSC will charge \$1 for every minute your child is picked up after 6PM. Charges will be made to the credit/debit card on file.
- F. Refund Policy: Any cancellation or changes to services must be made at least two weeks in advance in writing on site or emailed to **staff@primetimesportscamp.com**. All enrolled students are considered active unless written notice is given, regardless of attendance. PRIME TIME SPORTS CAMP will issue a prorated refund in the event that cancellation is requested after a payment has been made, provided a two-week notice has been given. Registration fees, whenever applicable, are non-refundable. **Requests for cancellation will not be accepted after March 1, 2025.**
- G. At least 30 days advance notice will be given prior to any rate change.
- H. That per Department of Social Services (DSS), Community Care Licensing, Title 22, Section 101200, my child's file is available for review by DSS and representatives from these agencies may interview my child without prior parental/guardian permission. In addition Law Enforcement personnel may request the information listed in your file and may interview your child if necessary.
- I. That PRIME TIME SPORTS CAMP may terminate my child's enrollment for any of the following reasons:
  - Child leaving the program site without authorized written permission Dangerous or disruptive behavior towards others and/or self
  - Behavior that is destructive to property and/or refusal of parent/guardian to replace said property
  - Failure to comply with the sign-in/sign-out policies
  - Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or person associated with the child
  - Failure to notify the PRIME TIME SPORTS CAMP program that the child will be absent
  - Non/late/NSF payment of fees
  - Repeated instances of late pick-up
  - Incorrect emergency and/or enrollment information
  - Any single incident that is deemed by the Site Director and/or President/CEO to be excessively dangerous, harmful or disruptive
- J. PTSC reserves the right to review each application on an individual basis to determine whether or not the facility can meet the needs of your child based on the information provided in the application and corresponding forms.

Parent/Legal Guardian Name:	Parent Signature:	Date:
PTSC Representative Name:	PTSC Representative Signature:	Date:

# IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL       OTHER      EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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