



tel 503.924.5867
email support@skyhighsports.com
Web por.skyhighsports.com

address 11131 SW Greenburg Rd.
Tigard OR 97223

Summer Camp Registration Form

Please indicate which **week/weeks** you are registering for:

Week 1: 7/8 - 7/11 **Week 2:** 7/15 - 7/18 **Week 3:** 7/22-7/25 **Week 4:** 7/29-8/1 **Week 5:** 8/5-8/8

1. full ___ half ___ 2. full ___ half ___ 3. full ___ half ___ 4. full ___ half ___ 5. full ___ half ___

Please list which **individual days** you are registering for, and indicate full or half days:

Camper Name: _____ Camper DOB: _____

Parent #1 Name: _____ Phone: _____

Address: _____

Parent #2 Name: _____ Phone: _____

Address: _____

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Any allergies, food restrictions or special circumstances we need to be aware of? Yes ___ No ___

If yes, please list _____

____ (Initial) **Authorization for Emergency Health Care:** I give permission for Sky High Sports staff to arrange necessary transportation for my child in case of a medical emergency. If I cannot be reached in an emergency, I give permission to the physician to secure and administer treatment, including hospitalization for my child.

____ (Initial) **Liability Waiver:** I have read and signed the Sky High Sports (Portland/Tigard) liability waiver for my child.

____ (Initial) **Payment/Refund Policy:** A \$100 deposit is required at registration. Full payment is due 30 days prior to your child's camp start date.

If you cancel more than 30 days prior to the first day of camp your deposit will be refunded in full. If you cancel 14-29 days prior to the first day of camp, we will refund 50% of the camp payment. If you cancel less than 14 days prior to the first day of camp, there will be no refund.

Sign: _____ Date of Signature: _____

Parent or legal guardian signature

Print: _____

Parent or legal guardian print name

(By signing this document, you agree to all that is stated on this registration form.)