



1. Child's Name: _____ Birth Date/ Age: _____
Grade In School For Fall 2010: _____ Gender: M / F T Shirt Size: (please circle one) YS YM YL AS AM AL

2. Child's Name: _____ Birth Date/ Age: _____
Grade In School For Fall 2010: _____ Gender: M / F T Shirt Size: (please circle one) YS YM YL AS AM AL

Parent/Guardian's Names: _____
Preferred Contact # _____ Secondary Phone #: _____ Email Address: _____
Address: _____ City/State/Zip: _____
Emergency Contact Name and Phone # (besides parents listed above): _____
Names and Phone # for authorized pickup of your child: 1. _____
2. _____ 3. _____

* Please note that if there are special custody arrangements we must have all necessary paperwork on file.

Child's Physician and Phone #: _____

Does your child have any allergies? Yes/ No

If Yes Please Explain (does it require an epi-pin?): _____

Does your child take any medications? Yes/No

If Yes Please Explain (please note that we **are not** allowed to administer ANY medication) _____

Are there any restrictions or additional information about your child that we should be aware of while attending summer care? _____

Waiver of Liability

It is understood that the use of the facilities and or the participation in sports activities at Proehlfic Park may involve the risk of serious injury or death. I expressly agree that all such activities and or the use of the facilities shall be undertaken at my own risk. I represent that I am or my minor child is physically able to undertake all physical activities provided by Proehlfic Park and Proehlfic Sports Inc. In consideration of above minor participant being permitted to participate in Proehlfic Park and in activities at Proehlfic Park, the undersigned parent(s) or guardian, on behalf of the parent, parent's heirs, parent's personal representatives or assigns, do hereby forever release, waive, discharge and covenant not to sue Proehlfic Sports Inc. (including its officers, directors, employees, affiliates, independent contractors, coaches, and volunteers) from liability for any and all claims, demands, injuries, actions, active or passive negligence or other causes or actions whatsoever arising out of or connected with the use of any of the services or facilities provided by Proehlfic Sports Inc. and/or Proehlfic Park that the parent/guardian might have arising from injury or loss to said minor, whether due to the negligence of Proehlfic Sports Inc. or otherwise. Proehlfic Sports Inc. shall not be liable for any such claims. Participant's parent, participant's legal guardian, or I hereby consent and affirm the foregoing Liability Waiver on behalf of participant, participant's family and all other parties stated. By affirming and consenting to the liability waiver of risk agreement, it is my intention that terms of the document by and through my consent are as effective as if the participant were an adult rather than a minor.

I have read the preceding information and my questions have been answered. I know, understand and appreciate the risks associated with playing sports and physical activity, and I am voluntarily participating in the activities provided at Proehlfic Park and/or Proehlfic Sports Inc. In doing so, I am assuming all of the inherent risks of the sport. I give my permission to have my photo taken while participating in activities at Proehlfic Park. I further acknowledge that these photos may be used in advertising and marketing materials and hereby release all such photos to be used for promotion of Proehlfic Park at the will of Proehlfic Park.

Printed Name and Signature of Parent or Guardian

Date

Summer Care Fees and Draft Information

A \$25 Registration Fee and draft information is required unless membership has been paid in full.

Please check the box(es) for the Week(s) Your Child Will Be Attending Summer Care At Proehlfic Park

JUNE 2010	PRICE <i>Non Member / Member</i>	Total Price
<input type="checkbox"/> Full Month (June 11 th -30 th)	\$317.50 / \$285.50	
<input type="checkbox"/> Friday, June 11 th only	\$23.00 / \$20.00	
<input type="checkbox"/> Week 1 (14 th -18 th)	\$169.00 / \$154.00	
<input type="checkbox"/> Week 2 (21 st -25 th)	\$169.00 / \$154.00	
<input type="checkbox"/> Week 3 (28 th July 2 nd)	\$169.00 / \$154.00	
	SUB TOTAL FOR MONTH	\$
JULY 2010	PRICE <i>Non Member / Member</i>	
<input type="checkbox"/> Full Month (July 1 st -30 th)	\$499.00 / \$449.00	
<input type="checkbox"/> Partial Week (June 28 th -30 th)	\$68.04 / \$61.23	
<input type="checkbox"/> Week 1 (5 th -9 th)	\$169.00 / \$154.00	
<input type="checkbox"/> Week 2 (12 th -16 th)	\$169.00 / \$154.00	
<input type="checkbox"/> Week 3 (19 th -23 rd)	\$169.00 / \$154.00	
<input type="checkbox"/> Week 4 (26 th -30 th)	\$169.00 / \$154.00	
	SUB TOTAL FOR MONTH	\$
AUGUST 2010	PRICE <i>Non Member / Member</i>	
<input type="checkbox"/> Full Month (2 nd -24 th)	\$385.50 / \$347.00	
<input type="checkbox"/> Week 1 (2 nd -6 th)	\$169.00 / \$154.00	
<input type="checkbox"/> Week 2 9 th -13 th)	\$169.00 / \$154.00	
<input type="checkbox"/> Week 3 (16 th -20 th)	\$169.00 / \$154.00	
<input type="checkbox"/> Week 4 (23 rd & 24 th)	\$46.00 / \$40.00	
	SUB TOTAL FOR MONTH	\$
DISCOUNT <i>(3 or More Individual Weeks of Summer Care)</i>	15%	-
One Time Registration Fee	\$25.00 (members & non-members)	+ \$25.00
	TOTAL	

Bank Draft Agreement

- ❖ All Campers enrolled In FULL Month of Summer Care will be charged on the 1st of the month.
- ❖ All Campers enrolled In Single Weeks of Summer Care will be charged the Wed prior to enrolled week .
- ❖ If you do not wish to be drafted, payment must be made in full at time of enrollment.

- I am a Proehlfic Park Family Member, please charge the same account for Summer Care. **Child's Name:** _____
- I am currently in the After School Program, please charge the same account for Summer Care. **Child's Name:** _____
- I am not currently a Member of any Proehlfic Membership or Program at this time. **Child's Name:** _____

Electronic Check	Credit Card/Debit Card
Indicate Type of Account: ___ Checking ___ Savings	Type:
Account Number:	Credit Card #:
Routing Number:	Expiration Date:

I give authorization to Proehlfic Park to automatically draft from my account. I have provided a voided check or a bank issued statement indicating routing and account number from my checking or savings account, or had my credit or debit card entered into the system. It is my understanding that the draft will take place on the 1st of each month for monthly commitments or the Wed prior to the week enrolled in and CANNOT be changed from that date. **Initial**_____. I will pick up my child by 6:00 p.m or there will be a charge to account of \$1.00 per minute after 6:00 p.m. **Initial**_____.

Internal Use Only:

Initials: _____ Payment Received On: _____ Amount Paid: _____ Check #: _____ Cash: _____ CC Type: _____