

**Camper’s Name**: **Age**:

**Email address**:

**Parent’s Name**: **Contact Number**:

**Credit Card Number**: **Exp**: **Zip**:

I hereby authorize the director of Gametime Sports Chesterfield camp to act of me according to his/her best judgment in any emergency requiring medical attention. I know of no medical or physical problems, which might affect my child’s ability to safely participate in this camp. I will be responsible for any medical or any other charges in connection with his/her attendance at camp. I agree to abide by the rules and regulations of this camp.

**Parent’s Signature**:

Summer Camp

* July 7th – July 11th
* July 14th – July 18th
* July 21st – July 25th
* July 28th – August 1st
* August 4th – August 8th

**\*\* Reduced Rate**

**Camp Dates**

* May 26th – May 30th
* June 2nd – June 6th
* June 9th – June 13th
* June 16th – June 20th
* June 23rd – June 27th
* June 20th – July 3rd \*\*

**Additional Camp Information:**

* Cost: $140 per child per week. $125 per additional child from the same family.
* Camp Hours: 8:00am till 4:00pm Daily
* Extended Camp Hours: 7:00am till 6:00pm for additional $40 per week
* Lunch: Campers may bring their own lunch or purchase food from the concession stand.