

2017 Sadaquada Summer Sports League Registration Form

Early Bird Deadline – June 9, 2017

The Sadaquada Summer Sports League (SSSL) will run for three 2 week sessions:

Session #1 July 10-14 and July 17-21 Session #2 July 24-28 and July 31-Aug. 4

Session #3 Aug. 7-11 and Aug. 14-18

Awards Banquet Wednesday August 16th!

Drop off 8:40-8:55

Sports Programming 9-Noon

*Pick up 12:00pm

(Please note – due to set up procedures, no one will be able to supervise until 8:40)

***Please note –**

If your child is staying for lunch pick up time is 12:30.

Thank you for your cooperation.

Lunch: supervised lunch for League participants at Clubhouse, \$50 for each session with pick up at 12:30pm. Optional - if not staying for the whole session, \$7 per day.

Participants: 5 Age Groups {5-6} {7-8} {9-10} {11-12} Age groups 5-10 **limited** to 12 participants. 13-15 yrs – Jr. Camp Counselors (limited to 3) OR may participate in Summer League

Simply fill in child's full name, age, and the sessions that you anticipate he/she will attend, and indicate if staying for lunch. Please complete and return to the Club or e-mail sadaquada1895@gmail.com

Attention: **Michelle Gaspa**

Payment must be received before your child may attend.

Child's Name	Current Age	Indicate the Sessions	Lunch Yes or No
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1. _____
2. _____
3. _____
4. _____

MEDICAL, EMERGENCY & PICK-UP INFORMATION

Medical Information: Since this is an outdoor program, participants should be physically fit and prepared for outdoor summer physical activities. If any of the above children have any illnesses, allergies or injuries that would impact their participation in any of our activities, please specify on the back side of this form.

Emergency Information: In case of an emergency, please specify, in order of preference, the names and numbers of the individuals you would like us to contact. (Please list yourself).

Name	Phone/ Cell Phone	Relationship
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- 1.
- 2.
- 3.

Name of Doctor/ Pediatrician

Phone Number

Pick-up Information: Please list names and relationships of all adults authorized to pick-up your child from camp

Name	Phone/ Cell Phone	Relationship
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- 1.
- 2.

I certify that my child (children) is (are) free of any medical concerns and hence is (are) able to participate in the 2017 Sadaquada Summer Sports League.

Parent's Signature

Date