



2009 RAD Sport Performance Camps

Below, you will find the checklist of forms required for summer camp registration, and the registration form itself.

REGISTRATION CHECKLIST: *(please complete one of each form for each camper)*

1. Registration Form (Below)
2. General Use Liability Form (See Website)
3. Medical Form (See Website)

REGISTRATION INFORMATION:

You may register by fax, mail, or in person. We will mail you a receipt confirming your camp registration. Please make sure you have completed all the forms listed above. Please make checks payable to University of Maine.

Fax (207) 581-4898 - credit card transactions only

Mail Campus Recreation: Summer Camp
5797 Student Recreation and Fitness Center
Orono, ME 04469-5797

In Person Student Recreation and Fitness Center, Hilltop Road, UMaine, Orono
Call (207) 581-1082 for hours of operation and directions.

Camper's Name:		
Address:		
Gender:	Date of Birth:	Grade (as of 2009-2010 school year)
Parent(s) Name(s):		
1. Phone: (Home)		(Cell)
2. Phone: (Home)		(Cell)
Email:		
Place of Employment:		(Work #)
Campus address (if applicable):		
How did you hear about Campus Recreation's Summer Camps?		

CHOOSE SESSION(S):

Full-Day is 8:00 a.m. - 4:30 p.m. | Half-Day is 8:00 a.m. - 12:00 p.m. only.

Session #1: June 15 – July 2

Full Day - \$600

Half Day - \$300

Session #2: July 13–30

Full Day - \$600

Half Day - \$300

Session #3: August 3–20

Full Day - \$600

Half Day - \$300

Early drop-off and late pick-up may be arranged if necessary, for an additional \$5 per request. You can pay in advance or on an as-needed basis. If paying in advance, please check off what you would like and add it to your payment.

Monday -am -pm Tuesday -am -pm Wednesday -am -pm Thursday -am -pm Friday -am -pm

Please rank the top sport(s) you wish to focus on*** (rank 1 to 4, where 1 = primary focus, 2 = secondary focus, etc.):

- | | | |
|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Football | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Track/Cross Country | <input type="checkbox"/> Volleyball |

*****Note:** ability to *skill train* in the above sports will be dependent upon # of registrants for that sport

Position(s) Played:

Weight Training Experience:

Best Sport Skills:

On which skills do you need the most improvement?:

Names of Friends/Family/Team camper wishes to be grouped with (max of 7):

Payment Method (check one):

<input type="checkbox"/> Check Make check payable to: University of Maine <i>(note child's name on memo line)</i>	<input type="checkbox"/> Cash	<input type="checkbox"/> MC/Visa Name On Card: _____ Card Number: _____ CVC Code: _____ Exp. Date: _____ Billing Zip Code: _____
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Camp session total: \$ _____
Early dropoffs / late pickups (# of checkmarks x \$5 each): \$ _____
Total enclosed: \$ _____

Authorization for Pick Up

Children will not under any circumstances be released to any persons without consent by the child's custodial parent/guardian. Authorized persons **MUST PRESENT A PHOTO ID.**
Persons authorized to pick child up:

Last name	First Name	Relationship to Child
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Last name	First Name	Relationship to Child
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Please explain any custody issues if they exist:
