



Spring Mini Camp, April 2017

Participant's Name: _____ Grade: _____
 Gender: _____ Age: _____ Birthdate: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home#: _____ Cell #: _____ Work#: _____
 Parent 1: _____ Email: _____
 Parent 2: _____ Email: _____
 Emergency Contact Name: _____ Phone: _____

Monday, April 10 – Friday, April 14
 9:00am – 2:00pm
 \$75/day, or \$325/week

**Campers will enjoy field sports, tennis, arts & crafts, and more. Snacks will be provided.
 Please send camper with lunch.**

Please enroll my camper for the following day(s):

Mon., Apr. 10	Tues., Apr. 11	Wed., Apr. 12	Thurs., Apr. 13	Fri., Apr. 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Waiver & Release

The registrant is physically cleared to participate in this program and does so at his/her own risk. I understand that neither Future Stars Southampton LLC, SYS Inc. and the Town of Southampton, or its agents or affiliates will assume responsibility for accidents and/or medical expenses incurred at Future Stars Southampton. In the event of an emergency, I hereby grant Future Stars Southampton permission to give whatever immediate treatment is necessary and/or take my self/child to a hospital emergency room. Permission is hereby granted to utilize photos and video taken at Future Stars as promotional material. I have carefully read all of the information and agree to all conditions.

Signature: _____
 Date: _____

Payment Method

Please note that payment is due upon registration.

Charge to my credit card: MasterCard Visa American Express

Name: _____ Card #: _____

Exp Date: ___/___/___ Sec. Code _____ Billing Zip Code: _____

Enclosed is a check (made payable to **Future Stars Southampton**)

Please bring, mail, email, or fax this form with your deposit to:

Future Stars Southampton

P.O. Box 1576

Southampton, NY 11969

P: 631.287.6707

F: 631.287.8633

Email: info@futurestarsouthampton.com