

BLUE STREAK ALL SPORTS CAMP
@ URSULINE COLLEGE

(Select Weeks)	Before Camp Care	After Camp care
<input type="radio"/> June 11-18	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> June 18-23	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> June 25-29	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> July 2-6	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> July 9-13	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> July 16-23	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> July 23-27	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> July 30-August 3	<input type="radio"/>	<input type="radio"/>

Weekly Rate:

\$209.00 if your child attends 5 weeks or less

\$169.00 if your child attends 6 or more weeks

2012 REGISTRATION FORM

Child's Name _____ Address _____

City _____ State _____ Zip Code _____

Birth Date _____ Male ___ Female ___ School _____

Name of friends for groups _____

Mother's Name _____ Cell _____ Father's Name _____ Cell _____

Parents E-mail address: _____

PARENTAL CONSENT FORM

I hereby request that you accept this application for enrollment of my child for the Olentangy All Sports Camp. In consideration of your acceptance of this application I hereby release the Olentangy School District, Blue Streak Summer Camps, Inc., and all of its employees from all claims on account of injuries which may be sustained by my son or daughter while attending the camp. I also agree to indemnify Blue Streak All Sports Camp and its employees for all claims that may hereafter be presented by our son or daughter as a result of any such injuries. In the event of sudden illness or accident when I cannot be reached, I authorize the camp to transport my child to an appropriate medical facility. I also consent to the performance of such treatment and/or emergency procedures as deemed necessary or advisable by the hospital staff member in charge of the emergency receiving room.

SIGNATURE OF PARENT OR GUARDIAN DATE

___ Visa, ___ Mastercard, ___ Discover

Card Number _____

Expiration Date _____

Please return this form with \$209.00 **non-refundable deposit**. Make check payable to **Blue Streak Summer Camps, Inc.** A \$15.00 fee will be applied to all returned checks. A \$10.00 handling/registration fee will be charged with each credit card payment. A \$15.00 cancellation fee will be assessed for each canceled week of camp. There are no refunds for cancellations of camp due to power outages or cancellations as a result of acts of Mother Nature.

Send to: Blue Streak Summer Camps, Inc.
9155 Old Meadow Drive
Chagrin Falls, Ohio 44023
Or fax this registration form to: 440-287-7634