



LIFESEEDS 2018 SUMMER CAMP REGISTRATION FORM | CHILDREN: 6-14 YRS OLD

Please complete one form per child and return with deposit to: LifeSeeds Sports Camp, P.O. Box 167, Jenkintown, PA, 19046
 (PLEASE MAKE CHECKS PAYABLE TO LIFESEEDS)

Camper: _____ M F Age: ____ Grade: ____ (in Fall) DOB: ____/____/____

Address: _____ City: _____ State: _____ Zip Code: _____

Select a Shirt Size: youth sizes: YS YM YL YXL adult sizes: AS AM AL XL XXL (When in doubt, choose the larger size.)

Camper's Medical/Allergy Concerns: _____

PARENT/GUARDIAN 1: _____	Home Ph: _____
E-Mail Address: _____	Cell Ph: _____
PARENT/GUARDIAN 2: _____	Home Ph: _____
E-Mail Address: _____	Cell Ph: _____
Alternate Contact: _____	Alt. Contact Ph: _____
Alternate Contact's Relationship to Camper: _____	
Authorized Pick-ups (MUST BE LISTED TO pick up your child from camp): _____	

I WANT TO REGISTER FOR THE FOLLOWING: Select ONE sport per session. *Basketball: 8 years and older

CHELTENHAM HIGH SCHOOL LOCATION						
SESSION ONE (7/2-7/6)						
*Basketball <input type="checkbox"/>	Football <input type="checkbox"/>	Lacrosse <input type="checkbox"/>	QuickBall <input type="checkbox"/>	Soccer <input type="checkbox"/>	Tennis <input type="checkbox"/>	
Before Care M-F 7:30-9AM <input type="checkbox"/>		After Care M-F 3-4PM <input type="checkbox"/>				
SESSION TWO (7/9-7/13)						
*Basketball <input type="checkbox"/>	Football <input type="checkbox"/>	Lacrosse <input type="checkbox"/>	QuickBall <input type="checkbox"/>	Soccer <input type="checkbox"/>	Tennis <input type="checkbox"/>	Theater Arts <input type="checkbox"/>
Before Care M-F 7:30-9AM <input type="checkbox"/>		After Care M-F 3-4PM <input type="checkbox"/>				
SESSION THREE (7/16-7/20)						
*Basketball <input type="checkbox"/>	Football <input type="checkbox"/>	Lacrosse <input type="checkbox"/>	QuickBall <input type="checkbox"/>	Soccer <input type="checkbox"/>	Tennis <input type="checkbox"/>	
Before Care M-F 7:30-9AM <input type="checkbox"/>		After Care M-F 3-4PM <input type="checkbox"/>				
ARCADIA UNIVERSITY LOCATION						
SESSION FOUR (7/23-7/27)						
*Basketball <input type="checkbox"/>	Football <input type="checkbox"/>	Lacrosse <input type="checkbox"/>	QuickBall <input type="checkbox"/>	Soccer <input type="checkbox"/>	Tennis <input type="checkbox"/>	Theater Arts <input type="checkbox"/>
Before Care M-F 7:30-9AM <input type="checkbox"/>		After Care M-F 3-4PM <input type="checkbox"/>				
SESSION FIVE (7/30-8/3)						
*Basketball <input type="checkbox"/>	Football <input type="checkbox"/>	Lacrosse <input type="checkbox"/>	QuickBall <input type="checkbox"/>	Soccer <input type="checkbox"/>	Tennis <input type="checkbox"/>	
Before Care M-F 7:30-9AM <input type="checkbox"/>		After Care M-F 3-4PM <input type="checkbox"/>				
SESSION SIX (8/6-8/10)						
*Basketball <input type="checkbox"/>	Football <input type="checkbox"/>	Lacrosse <input type="checkbox"/>	QuickBall <input type="checkbox"/>	Soccer <input type="checkbox"/>	Tennis <input type="checkbox"/>	
Before Care M-F 7:30-9AM <input type="checkbox"/>		After Care M-F 3-4PM <input type="checkbox"/>				

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COSTS - Includes multi-week discount of \$20/week; NOTE: deduct \$10 per session for each additional sibling registered
THRU MAY 1ST: 1 WK = \$285; 2 WKS = \$550; 3 WKS = \$795; 4 WKS = \$1,020; 5 WKS = \$1,245; 6 WKS = \$1,470
AFTER MAY 1ST: 1 WK = \$310; 2 WKS = \$600; 3 WKS = \$870; 4 WKS = \$1,120; 5 WKS = \$1,370; 6 WKS = \$1,620
★ Before Care 7:30-9AM, M-F: \$50/WK or \$10 a day; pay/sign up ahead of time or daily as needed.
★ After Care 3-4PM, M-F: \$50/WK or \$10 a day; pay/sign up ahead of time or daily as needed.

YOUR PAYMENT- Make all checks payable to LifeSeeds. A minimum \$50 non-refundable deposit for each session of camp is due now to confirm registration. Remaining balance is due BEFORE the start of camp. FULL payment is required when registering on first day of camp.

\$ _____ Payment enclosed I would like to pay by SQUARE INVOICE ¹

If paying by SQUARE INVOICE – Provide e-mail: _____

Make a secure credit card payment(s) using SQUARE INVOICE. We will send you a link to pay securely via credit card.

¹ THERE IS A 3% PROCESSING FEE FOR ALL SQUARE PAYMENTS.

PLEASE SIGN PARENT/GUARDIAN PERMISSION/WAIVER AND PHOTO/VIDEO RELEASE

Parent/Guardian Permission and Waiver of Liability

I/we hereby give consent for the above camper to participate in the LifeSeeds Summer Sports Camp(s). In consideration of acceptance of this application, I/we, intending to be legally bound, hereby, for ourselves, heirs, executors, and administrators, waive and release all rights and claims that might arise against LifeSeeds, and the persons and organizations affiliated with the camp. I/we further attest that the above camper is physically fit and has been examined by a physician. I/we give permission for LifeSeeds to provide immediate and reasonable emergency care should it be required. Every attempt will be made to notify parents.

Name (please print) _____ Signature _____ Date _____

Photography/Video Release

I/We hereby give permission to LifeSeeds, LLC to use any photos or videotape material taken of above camper(s) during LifeSeeds Summer Camp. The photos and videotape material will only be used in the LifeSeeds website or LifeSeeds promotional material. I may at any time withdraw permission for use of photos or video footage of above camper to LifeSeeds, LLC.

I AGREE to give permission for use of photos/videos

I DO NOT give permission for use of photos/videos

Name (please print) _____ Signature _____ Date _____