



# OFF *The* WALL SPORTS

1423 Chase Court Carmel, IN 46032 (317) 580-5900 FAX (317) 580-5905

[www.offthewallsports.net](http://www.offthewallsports.net)

## SUMMER SPORTS CAMP

### "All Day" Day Camp-All Summer Long!

**Camp Hours:** 8 am. – 4:30 pm. Extended Hours Available with no extra fee!  
(6:30 am – 6:00 pm).

**Meals:** Lunch and 3 Snacks included!

**Activities:** Soccer, Volleyball, Indoor Softball, Flag Football, Kickball, Indoor Rock Climbing, Basketball, Dodge ball Swimming and more! Indoor/Outdoor Activities – no rainouts!

**Ages:** 5 – 13

Cost:	Daily	3 Days/Week	5 Days/Week	All Summer (no pro-ratings)
First Child	\$53	\$125	\$155	\$1,395
Each Additional	\$42	\$115	\$130	\$1,170

Three weeks or more campers are guaranteed a space, if registered and paid prior to May 15<sup>th</sup>. Campers registering for less than three weeks are on a space available basis.

**NO CANCELATIONS AFTER MAY 15<sup>TH</sup>!** You may reschedule dates with a written notice 10 days in advance.

### 2007 Camp Calendar:

June					July					August							
Mon	Tue	Wed	Thur	Fri	Mon	Tue	Wed	Thur	Fri	Mon	Tue	Wed	Thur	Fri			
I			31	1	VI	2	3	X	5	6	X	X	X	X	X		
II	4	5	6	7	8	VII	X	X	X	X	X	X	X	X	X		
III	11	12	13	14	15	VIII	16	17	18	19	20	XII	13	14	15	16	17
IV	18	19	20	21	22	IX	23	24	X	26	27	XIII	20	21			
V	25	26	27	28	29												

**X = No room available.**

For more information visit our website [www.offthewallsports.net](http://www.offthewallsports.net) or email [manager@offthewallsports.net](mailto:manager@offthewallsports.net)



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### Camper Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email\* \_\_\_\_\_

\*primary form of communication

Parent's Names \_\_\_\_\_

**Credit Card required guaranteeing long term registrations.**

**Credit Card Number (Master Card/Visa)** \_\_\_\_\_

**Expiration Date** \_\_\_\_/\_\_\_\_ **Name** \_\_\_\_\_

Please automatically charge my credit card each week for the amount due.

Please do not automatically charge my card each week, I will make other arrangements.

### Circle registration dates

	June					July					August						
	Mon	Tue	Wed	Thur	Fri	Mon	Tue	Wed	Thur	Fri	Mon	Tue	Wed	Thur	Fri		
<b>I</b>				31	1	<b>VI</b>	2	3	<b>X</b>	5	6	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	
<b>II</b>	4	5	6	7	8	<b>VII</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>XI</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	
<b>III</b>	11	12	13	14	15	<b>VIII</b>	16	17	18	19	20	<b>XII</b>	13	14	15	16	17
<b>IV</b>	18	19	20	21	22	<b>IX</b>	23	24	<b>X</b>	26	27	<b>XIII</b>	20	21			
<b>V</b>	25	26	27	28	29												

**X = No room available.**

Waiver of Liability: I acknowledge that Off The Wall Sports, LLC may compile address labels and lists and may utilize photographs of the named individual. I consent to these uses of my name, address and likeness and hereby waive all rights to compensation for their use in the promotion and/or operation of Off The Wall Sports, LLC.

To induce Off The Wall Sports, LLC to accept registration and permit participation in Off The Wall Sports, LLC sports programs, I hereby give my consent and agree to release, indemnify and hold harmless Off The Wall Sports, LLC, its officers, officials, coaches, employees and representatives from any claim arising out of injury to the named individual. I also hold harmless Off The Wall Sports, LLC, its officers, officials, coaches, employees and representatives from and against any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain medical treatment based on religious or philosophical beliefs or otherwise.

I understand that as a participant in Off The Wall Sports, LLC sporting events that I must abide by all rules, regulations and philosophies of Off The Wall Sports, LLC.

Signature of Parent/Guardian \_\_\_\_\_

**\*Additional paperwork will follow**