



# OFF *The* WALL SPORTS

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

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

## *2008 Supplement to Summer Camp Application*

**Campers will not be allowed to attend camp until the supplemental applications are submitted.  
No Exceptions!**

Child's Name \_\_\_\_\_

### How did you originally hear about our Summer Sports Camp?

\_\_\_ Off the Wall Sports email    \_\_\_ Postcard through the mail    \_\_\_ Word of mouth    \_\_\_ Newspaper Ad

\_\_\_ Other \_\_\_\_\_

### Primary Contact

Parent/Guardian Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_ Pager#: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Second Contact

Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_ Pager#: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Camper Pick-up Information**

In addition to the primary contact, I authorize the following people to pick up the above named child.

Name	Home Phone	Work Phone	Mobile Phone
1			
2			
3			
4			

**Pick-Up Policy**

Each person will be required to show a photo I.D. when they pick up the camper. Your cooperation is appreciated.

**Camper's Health Information**

Please list any allergies your camper may have: \_\_\_\_\_

Is your camper allergic to any specific brands of sunscreen? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Are you aware of any food products that use this as a secondary ingredient? \_\_\_\_\_

Is your camper currently on any medications? Yes\* \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

\* Medications must be signed in and out with a camp counselor at the beginning and end of each day your child is attending camp.

Does your camper have any medical afflictions we should know about?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**Emergency Authorization:** I hereby give permission for my child to be admitted to any hospital facility for diagnosis and treatment in my absence. I request and authorize physicians and staff, duly licensed as Doctors of Medicine or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatment of my child.

**Initials** \_\_\_\_\_

**Transportation Authorization:** I hereby give permission for my child to travel by bus with the Off The Wall Sports Summer Sports Camp staff. I understand that only licensed and qualified personnel will operate any vehicle to and from Day Camp, and that there will be at least two Day Camp staff members present at all times. I agree to release the Day Camp staff from any and all claims of damages, demands, or liability, which may arise as a result of my child's participation on these bus trips.

**Initials** \_\_\_\_\_

**Waiver of Liability:** The signature below signifies acceptance of the following 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 available 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** \_\_\_\_\_ **Date** \_\_\_\_\_