

**2016 SUMMER SPORTS CAMP**

**All Day – All Summer – All Kinds of Fun!**

**June 1st – August 12th**

**8:00am – 5:00pm**

**(extended hours available for a small fee)**

South Metro Sports is proud to offer a Summer Sports Camp for children ages 6-14 years old. This camp is an excellent alternative to day care, and will offer a variety of activities in our multi-sport facility including:

* Ice Skating Lessons
* Fitness Programs
* Volleyball
* Basketball
* Ultimate Frisbee
* Floor Hockey
* Flag Football
* Rock Wall Climbing\*
* Bounce House \*

*(\*During select weeks only)*

*and much more!*

Under the supervision of trained staff members, the South Metro Sports Summer Sports Camp will implement a positive, team structured environment through FUN and CHALLENGING activities. It will be a summer to remember for all involved!

**Camp Fee:** $185 per week per child

**Ages:** 6 – 14 (participants must have attended kindergarten during the 14/15 school year.)

**Meals:** Lunch and snack provided daily

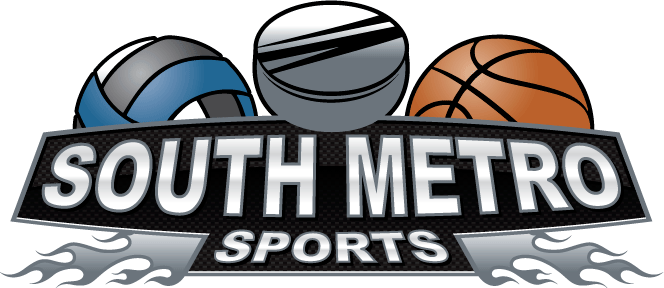
**Camp Times:** 8:00am – 5:00pm

**Extended Hours:** Early drop-off begins at 7am / Late pick-up until 6pm

(Extended Hour fee: $10 per day or $25 per week for each extended hour)

Thank you in advance for your interest in the South Metro Sports Summer Sports Camp and we look forward to working with your child this summer!

*For more information, please contact Tyler Merritt at 937-885-7590 or* [*tyler@smetrosports.com*](mailto:tyler@smetrosports.com) *or visit* [*www.smetrosports.com*](http://www.smetrosports.com) *for more details.*

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**2016 SUMMER SPORTS CAMP**

**All Day – All Summer – All Kinds of Fun!**

**Dates:**

June 1, 2016 – Aug 12, 2016  
  
**Ages:**  
6 – 14

(Participants must have attended Kindergarten during the 14/15 school year)  
  
**Cost:**  
$185 per week per child  
  
**Location:**  
*South Metro Sports Complex*

10561 Success Lane   
Centerville, OH 45458  
  
**Time:**   
8:00am - 5:00pm (Monday – Friday)

**Extended Care Hours:**

7:00am – 8:00am & 5:00pm – 6:00pm

*There is a $10 charge per day or $25 per week for each hour of Extended Care*

*(If you drop your child off early M-F & pick your child up late M-F, the fee would be $50 for that week.)*

Each child will be responsible for bringing the following items on a daily basis:

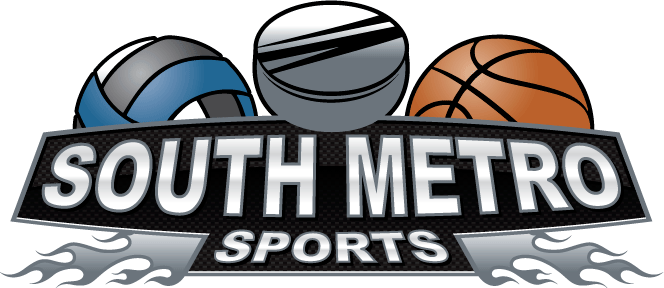
 Water Bottle

 Proper athletic footwear (running shoes – NOT Vans, flip-flops, casual shoes)

 Athletic attire for off-ice activities (t-shirt, shorts, socks, hat, sunscreen, etc.)

 Athletic attire for on-ice activities (long pants, long shirt, sweatshirt, gloves, etc.)

 A POSITVE ATTITUDE!

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**REGISTRATION**

Child Information

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Grade/School: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_

T-Shirt: Youth\_\_\_\_\_\_\_ Adult\_\_\_\_\_\_\_ Size: Small\_\_\_\_\_ Medium\_\_\_\_\_ Large\_\_\_\_\_ X-Large\_\_\_\_\_

**Medical / Allergy Information**

Please list all allergies (including food allergies) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medications your child is currently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Parent or Guardian Information** | **Emergency Contact 1 Information** |
| Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Worl#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_ | **Emergency Contact 2 Information** |
| Cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please make checks payable to: South Metro Sports Complex  
  
 **Liability Waiver:** The Participant and his or her legal guardian agrees that all staff members involved with *the 2016 South Metro Sports Summer Camp* will not be liable for any accident or loss, however caused, and agrees to release the Proprietors from any and all damages which may occur as a result of any such accident or loss.

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_