

**2019 Fun/Games/Sports & Activity Camp**  
**Grades K-4<sup>th</sup> for 2019-20 School year**  
**SOUTH METRO SPORTS COMPLEX**  
*Space will be limited to the first 120 campers*

A variety of sports and games will be played during the week, including whiffleball, kickball, soccer, basketball, t-ball, volleyball (beach ball), and other playground games. Campers will be encouraged to develop their coordination, balance, and sportsmanship skills.

*Time:* Pizza or other lunch items can be purchased or pack a lunch. Drinks will be provided.

Contact: Andy Pokupec ([apokupec@moeller.org](mailto:apokupec@moeller.org)) Cell: 513-324-0065

**South Metro 2019 Camper Information**  
**(Please complete all items)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Grade for 2019-20: \_\_\_\_\_ Birth Year: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Emergency Name and Phone Number: \_\_\_\_\_  
School Camper Currently Attends: \_\_\_\_\_  
Parent/Guardian E-mail Address: \_\_\_\_\_

[ ] Check the box to opt out of future mail/information from South Metro Sports

**Please check the camp(s) your son wishes to attend:**

____ July 8 <sup>th</sup> – 12 <sup>th</sup> (5 days)	9 am- 2 pm	Monday-Friday	Cost \$250
____ July 15 <sup>th</sup> – 19 <sup>th</sup> (5 days)	9 am- 2 pm	Monday-Friday	Cost \$250
____ July 22 <sup>nd</sup> – 26 <sup>th</sup> (5 days)	9 am- 2 pm	Monday-Friday	Cost \$250
____ July 29 <sup>th</sup> – Aug 2 <sup>nd</sup> (5 days)	9 am- 2 pm	Monday-Friday	Cost \$250

**Method of payment accepted: Check or Cash**

**Please register online at <https://smetrosports.com/> to pay with a credit card**

\*\*Check #: \_\_\_\_\_ Amount of Check: \_\_\_\_\_  
Amount Charged: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

**Please make your check payable to South Metro Sports Fun & Games Camp and mail with form to:**

**South Metro Sports Fun & Games Camp**  
**South Metro Sports**  
**10561 Success Lane**  
**Centerville, Ohio 45458**

**Parental Permission Form**

I certify that my son has no injury that would limit his participation in camp. I hereby release and exonerate and discharge the above camp(s) and their employees from any and all actions or causes of actions, known or unknown, from injuries incurred in camp(s). I, the signed parent/guardian, do hereby delegate to the South Metro camp(s), its employees or agents, the authority to seek, obtain, and approve any medical care and treatment for the above-named camper, which in their judgment is necessary for the health and well-being of said camper during his attendance at the South Metro camp(s). Further, I agree to hold the South Metro camp, its employees or agents, harmless for any liability arising out of any good-faith actions taken in seeking and obtaining medical care and treatment for the above-named camper. All costs incurred are the responsibility of the parent/guardian. A photo-stat copy of this authorization shall be considered as valid and effective as the original.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Summer Camp Refund and Cancellation Policy:**

1. Participation cancellation: \$20 fee will be charged to receive a refund.
2. No refunds will be issued after the camp begins. In case of medical or family emergencies, credits will be given for future programs.
3. We reserve the right to cancel or combine programs with fewer than 8 campers. Full refund will be given if we cancel a program.