

Sports Focused Day Camp

7-12 year olds girls and boys

2024

Camp Information

Directed and led by Billy Haupert.
With Emma Williams
530-318-2929 truckeesportscamp@gmail.com



2024 Registration Form

Child's Name	Birthdate and Age	Sex
Parents Name:		Phone:

Please fill in the weeks you are signing your child up for. You will receive a reminder email the week before to confirm your attendance. If your child is unable to attend the signed up week, you <u>may</u> receive a credit or refund if his or her spot can be filled from the waiting list.

RATES:

\$475 for a full week. Daily rate \$110/day if not booking a full week.

Drop ins are welcome. Drop in rate will fluctuate.

Please make checks payable to Truckee Sports Camp or Venmo (truckeesportscamp)



Truckee Youth Summer Camp Schedule

SESSION	DATES		HALF/ FULL	TOTAL
1	June 24-28	M T W TH F		
2	July 1-3	M T W		
3	July 8-12	M T W TH F		
4	July 15-19	M T W TH F		
5	July 22-26	M T W TH F		
6	July 29-Aug 2	M T W TH F		
7	August 5-9	M T W TH F		
8	August 12-16	M T W TH F		
9	August 19-23	M T W TH F		
10	August 26-28	M T W		

Consent to Treat

Name of Participant:	
Name of Participant:	
Name of Participant:	
-	
Mailing Address:	
Physical Address if Different:	
Parents Name:	Phone:
Email address:	Relationship to child:
Guardians Name:	Phone:
- " "	5.1.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
Email address:	Relationship to child:
E 1/D /O/1 A11 :	
Food/ Drug/ Other Allergies:	
Medications: Special Instructions:	
Special Instructions:	
Dl	DI
Physician's Name:	Phone:

Emergency	y Contact:	Phone:	
Other than em	ergency contacts/parents, <u>people w</u>	ho are authorized to pick child(ren) up from the program:	
Name:	nme: Number:		
Name:		Number:	
	CONSEN	NT TO TREAT	
eneral or spe- nder the prov urrent license nderstood that eing required ehicle and padgment, may o rendering tr	recific supervision of any member of visions of the Medial Practice Act are to operate a hospital from the stat this authorization is given in advantable to render care, which the affect of the deem advisable. It is understood to reatment to the patient, but that any ed cannot be reached. Authorization	, a minor, do hereby authorize etic, medical, or surgical procedure rendered under the the medical staff and any emergency room staff licensed and on the staff of any acute care general hospital holding a State of California Department of Public Health. It is ance of any specific diagnosis, treatment, or hospital care it is given to provide authority to transport by emergency forementioned physician, in the exercise of his/her best hat effort should be made to contact the undersigned prior of the above mentioned treatment will not be withheld in its given pursuant to the provisions of Section 25.8 of the	
Initial	Name:	Date:	
	TRAVEL / FIEL	D TRIP PERMISSION	
Camp on local		any the Billy Haupert and Truckee Youth Summer Sport valking, in a Camp Vehicle or with Parent driven private ions may be a part of the program.	
Camp on local vehicles. I am	l and out of town field trips, either was aware that travel and/or transportation	valking, in a Camp Vehicle or with Parent driven private	
Camp on local vehicles. I am	l and out of town field trips, either v aware that travel and/or transportati	valking, in a Camp Vehicle or with Parent driven private ions may be a part of the program.	
Camp on local vehicles. I am Initial I understand the Camp program	and out of town field trips, either was aware that travel and/or transportation. Name: PHOTOGRA hat photographs may be taken of my	valking, in a Camp Vehicle or with Parent driven private ions may be a part of the program. Date:	

REFUND/VACATION PAYMENT DUE POLICY

No refunds will be given for drop in days, weekly sign-ups or daily sign ups unless the spot is able to be filled from the waiting list. This includes reasons like sickness or injury. Payment is due upon sign up to guarantee your child's spot. We do not give refunds for smoke days, we will operate on smokey days and leave it to parent's discretion if they do not want to send children on days with a high AQI.

I have red and understand the Refund/ Vacation Pol	icy:
Signature	Date:
AGREEMENT, WA	IVER AND RELEASE
the above activities, I herby waive, release and disc injury, death, or property damage which I may have participation in said activity. This release is intended Sport Camp (it's officers, employees ad agents) from way with my participation in said activity, even tho carelessness on the part of the persons or entities m involves an element of risk and danger of accidents further agreed that this waiver, release and assumpt agree to indemnify and hold harmless the above per	e, or which hereafter accrue to me, as a result of ed to discharge in advance the Truckee Youth Summer m any and all liability arising out of or connected in any ugh that liability may arise out of negligence or entioned above. It is understood that this activity and knowing those risks I hereby assume the risks. It is ion of risk is to be binding on my heirs and assigns. I resons or entities free and harmless from any loss, incur as the result of my death or any injury or property d activity.
I here by consent that my son/daughter, named above execute the above Agreement, Waiver and Release able to participate in said activity. I hereby agree to above free and harmless from any loss, liability, day of the death or any injury or property damage that s	on his/her behalf. I state that said minor is physically indemnify and hold the persons and entities mentioned mage, costs or expense which they may incur as a result
activity. I HAVE CAREFULLY READ THIS AGREEMS UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF MYSELF AND THE TRUCKEE YOUTH SUMISIGN IT OF MY FREE WILL.	



Signature_____ Date: _____