

Freestate Sports Arena
Summer Camp 2017
Registration Form



5811 Allender Road
White Marsh, Maryland 21162
410-335-6400 (O) 410-335-8237 (F)
www.freestatesports.com

Camper Information: Male / Female

Name: _____ D.O.B. _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Is your child a returning camper? Yes / No

Current School: _____

Parent/Guardian Information 1:

Name: _____ Relationship to Camper: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____

Parent/Guardian Information 2:

Name: _____ Relationship to Camper: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____ Cell: _____

_____ Email Address: _____

Emergency Contact:

*The first attempt will be made to contact the campers/guardians. Emergency contacts listed below must be able to pick your child up in the event of an emergency.

Name: _____ Relationship: _____

Phone: _____ Cell: _____

Is the above person authorized to pick up the child in the event of an emergency: Yes ____ No ____

Physician Name: _____ Phone: _____

Health Insurance Company: _____

Additional Authorized Pick-Up:

1. _____
(Name) (Contact#) (Relationship)

2. _____
(Name) (Contact#) (Relationship)

***All campers must be picked up by the person(s) authorized by the registering parent/guardian.**

Send Registration and Payment To:

Freestate Sports Arena
P.O. Box 262
White Marsh, MD 21162

Parent 1/Guardian1 Signature: _____ Date: _____

Parent 2/Guardian2 Signature: _____ Date: _____

Check# _____ Amount \$ _____ Cash _____ Credit Card _____