

Varsity Summer Academy Registration Form

Participant Information:

Last Name: _____
First Name: _____
Grade (Fall 19') _____
Age: _____ Date of Birth: ___/___/___
Address: _____
City: _____ State: _____
Zip: _____
School: _____



Parent/Guardian Information:

Last Name: _____ First Name: _____ Email: _____
Cell #: _____ Work#: _____ Home#: _____
Address: _____ City: _____ State: _____ Zip: _____

Last Name: _____ First Name: _____ Email: _____
Cell #: _____ Work#: _____ Home#: _____
Address: _____ City: _____ State: _____ Zip: _____

Other People Allowed for Child Pickup:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

*Are there any custody notes that the camp should be aware of:

Yes ___ No ___ Explain if Yes _____

Health Information:

Medications(including inhalers and epi-pens): Yes _____ No _____

*All Medications MUST be self-administered by the child with the guidance of a staff member. Medications will be held onto and stored in the appropriate setting by the camp.

Special Instructions:

Allergies: Yes _____ No _____

Special Instructions:

Child's Doctor: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone#: _____

Preferred Hospital: _____ *In event of an emergency preferred hospital will be taken into consideration, but not guaranteed.

Insurance Information:

Is the participant covered by family medical/ hospital insurance? Yes _____ No _____

Carrier or Plan Name: _____ Group#: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Insured: _____ Relationship to participant: _____

All Personal and Medical Information is confidential and will remain on file for the sole purpose of camp use as needed.

Are there any other medical, physical, emotional conditions or disabilities that the camp should be aware of to better accommodate your child? (If Yes Explain) _____

Immunization Records:

A copy of the latest immunization records must be handed in to camp by the 1st day of your children’s attendance

Photo Consent:

Photos will be taken during the camp day to be posted on the Varsity Learning Academy Facebook Page so that you can see all the wonderful activities your children are doing during the day. Photos may also be used on the camp web page or for advertising purposes solely for Varsity Summer Academy, LLC. Please initial to show that you understand the photo consent policy. Parent/Guardian Initials: _____

Registration Fees:

Weeks Attending(Circle all that apply) July 1st July 8th July 15th July 22nd July 29th Aug 5th
(Circle One) 1st Child 2nd Child 3rd Child

Will they be attending Early or After Care? YES or NO

If Yes, which programs? (Circle all that apply):

Early Risers (7:30 - 9:00)

Club Academy (3:30 - 6:00)

Are you paying in 3 Installments: Yes ___ No _____

Are you paying in 2 Installments: Yes ___ No _____

*3 Installments due Feb 1st, April 1st, and June 1st - 2 Installments due April 1st and June 1st

TOTAL Amount Enclosed: _____

*Make Checks Payable to Varsity Summer Academy

Registration and Forms:

Varsity Summer Academy
P.O. Box 6127
Monroe, NJ 08831

Location of Camp:

The Fields Sports Complex
8 Cornwall Court
East Brunswick, NJ 08816

info@varsitylearningacademy.com
(732) 672 9358

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(732) 672 9358

T-Shirt Size(Check One):

Youth S ___ M ___ L ___ Adult S ___ M ___ L ___ XL ___ XXL ___

*All Campers will be give one complimentary camp t-shirt, additional shirts are \$10

Courses:

Pick a 1st and 2nd choice for each week you are attending for all 4 periods in the day

Week 1 - July 1st:	Period 1	Period 2	Period 3	Period 4
Option 1:	_____	_____	_____	_____
Option 2:	_____	_____	_____	_____
Week 2 - July 8th:	Period 1	Period 2	Period 3	Period 4
Option 1:	_____	_____	_____	_____
Option 2:	_____	_____	_____	_____
Week 3 - July 15th:	Period 1	Period 2	Period 3	Period 4
Option 1:	_____	_____	_____	_____
Option 2:	_____	_____	_____	_____
Week 4 - July 22nd:	Period 1	Period 2	Period 3	Period 4
Option 1:	_____	_____	_____	_____
Option 2:	_____	_____	_____	_____
Week 5 - July 29th:	Period 1	Period 2	Period 3	Period 4
Option 1:	_____	_____	_____	_____
Option 2:	_____	_____	_____	_____
Week 6 - Aug 5th:	Period 1	Period 2	Period 3	Period 4
Option 1:	_____	_____	_____	_____
Option 2:	_____	_____	_____	_____

I have fully read the contents of this registration form and have answered all questions honestly to the best of my ability. I hereby acknowledge that my registration fee for Varsity Summer Academy does not include or cover medical expenses for my child that may be as a result of my child's participation at VSA. I assume responsibility for my child's medical expenses. Rates will not be prorated for days of camp missed by any participant. No refunds of any kind will be granted after June 1st, 2019.

Signature of Parent/Guardian

Date --/--/--