

Kids Summer Series Participant Registration Form

Participant Information:

Full Name: _____ Nickname: _____ Male ___ Female ___

Participant Date of Birth: _____ Age during Series: _____ Shirt size: _____

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

Guardian Name: _____ Phone number: _____

Alternative Phone number: _____ Guardian Email: _____

Is this child allergic to anything? _____ *Please submit allergy action plan
If yes,
explain: _____

Is this child currently taking medication? _____

If yes, explain:

Does this child have special needs*? _____

If yes, explain:

*Programs are provided for people of all abilities. If there is a need for reasonable modification, please answer YES above and speak to a manager prior to the start of the Series. Each request will be assessed in compliance with the ADA.

Please circle below what week(s) this child would like to participate in Youth Summer Series

June 30th – July 3rd July 7th – July 11th July 14th – July 18th July 21st – July 25th

July 28th – Aug 1st Aug 4th – Aug 8th Aug 11th – Aug 15th

Full-Week (w/Field Trip): Number of Weeks: _____ x \$349.99 per week = Amount Due:

Half-Week (3-Days w/Field Trip): Number of Weeks: _____ x \$224.99 per week = Amount Due:

Half-Week (2-Days w/o Field Trip): Number of Weeks: _____ x \$159.99 per week = Amount

Due: _____

Days of week your child will attend: Mon ___ Tues ___ Weds ___ Thurs ___ Fri ___

Special accommodation Requests:

Date Paid: _____ **Amount Paid:** _____ **(Cash / Check / Card /)**

*Checks payable to HAUS OF ATHLETES.

Thank you & Welcome to the HOA Family!