

# WASHINGTON PARKS & RECREATION

PO Box 383 Washington Depot, CT 06794 860-868-1519

[www.washingtonct.org](http://www.washingtonct.org)

## US SPORTS INSTITUTE Multi-Sport Camp August 14 -18 2017

**Please circle camp time:**

Ages 5-11	9 am –4:00 pm	\$199.00
	9 am –12:30 pm	\$169.00
	1 pm – 4:00 pm	\$134.00

### Over 15 Sports from Around the World!

**Badminton\*\*Baseball\*\*Basketball\*\*Bocce\*\*Cricket\*\*Field Hockey\*\*Flag Football\*\*Floor Hockey\*\*Hand Ball\*\*Lacrosse\*\*Net Ball\*\*Pillo Polo\*\*Soccer\*\*Softball\*\*Tennis\*\*Volleyball\*\*World Cup\*\*Olympics\*\***

Experience over 15 different sports in one week. The Multi Sport program is the only summer camp program dedicated to the truly sports minded youngster.

**The Full Day Camp** offers campers (5-11 yrs. old) the chance to experience many additional sports challenges in addition to the entire sports line up of the half-day camp. This is the true sports camp experience with so much to do in so little time!

**The Half Day Camp** gives our participants (ages 5-11 yrs. old) the opportunity to experience over 10 sports in a week. Campers will receive technical instruction in each sport and will then experience the sport in a realistic game situation.

*Held at River Walk Park*

**REGISTER BEFORE July 26, 2017 ~ Late Fee of \$25.00 per child**

Name of Child/Children: \_\_\_\_\_

AGE \_\_\_\_\_

AGE \_\_\_\_\_

AGE \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PARENTS EMAIL \_\_\_\_\_ @ \_\_\_\_\_

**\*\*\*WHO TO REACH IF PARENTS ARE NOT AVAILABLE:**

Phone# \_\_\_\_\_

ANY MEDICAL PROBLEMS \_\_\_\_\_

I hereby agree to let my child participate in this activity. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in the travel and other related activities incidental to my participation, and am willing to assume these risks. I hereby certify that my child is fully capable of participating in the sport and that he/she is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this activity, except as indicated in writing with this application. In addition to giving full consent for my child's participation, I do hereby waive, release and hold harmless US Sports Institute Inc, its officers, coaches, sponsors, partners, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the sport and activities incidental thereto, whether the result of negligence or any other cause. I grant permission for my child to receive emergency medical treatment. I grant USSI Inc, permission to use photo or video images of my child in future promotional materials. **I will hold harmless the Town of Washington, the Parks & Recreation Commission and any of its agents, directors, employees and supervisors for any responsibility or liability for any injuries or property damage, which may arise from my participation or my child's participation in this program. I also understand that in the event of an injury, my own personal medical insurance will be used.** Unless indicated hereafter, the Washington Parks & Recreation Commission may use photographs including the above-named participants for promotional purposes and may use our email for program purposes. NO \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_