

Williamsburg Recreation Center
SUMMER SPORTS CAMP

PO Box 596 Williamsburg, IA 52361 | (319) 668-1636 | rec@iowatelecom.net

www.williamsburgrec.com

This summer, the Williamsburg Rec Center is introducing a **NEW** summer program for children who will be entering 3rd – 6th grade in the fall. The Summer Sports Camp is designed to keep kids moving and active through a variety of sports and games. The first half of each day will be spent on skills before actually playing that sport/game for the remainder of the camp day. Each day we will focus on a different sport and give kids the opportunity to improve their skills and/or learn something completely new! The camp will be two weeks long, Monday – Thursday from 10:00am to 11:30am. Kids can choose to attend one week or attend both weeks.

REGISTRATION DEADLINE: FRIDAY JUNE 30

SESSION 1 | July 10-13 10:00am – 11:30am | Football, Volleyball, Ultimate Frisbee, Kickball

SESSION 2 | July 17-20 10:00am – 11:30am | Basketball, Soccer, Wiffleball, Floor Hockey

CHILD'S NAME _____

DATE OF BIRTH _____ GRADE ENTERING (Circle) 3rd 4th 5th 6th

PARENT'S NAME _____

MAILING ADDRESS _____ CITY, STATE, ZIP _____

CELL PHONE _____ ALTERNATE CELL PHONE _____

E-MAIL ADDRESS _____

TSHIRT SIZE (Circle) Youth: SM MD LG Adult: SM MD LG

Select the session(s) your child will be attending:

____ SESSION 1 (July 10-13) _____ SESSION 2 (July 17-20)

COST: \$35.00 for one of the sessions OR \$60.00 for both sessions

OFFICE USE:

Payment Amount _____ Check _____ Cash

Received by _____ Date _____

**PLEASE FILL OUT THE EMERGENCY TREATMENT
RELEASE ON THE BACK OF THIS FORM**

**THIS FORM MUST BE COMPLETED AND SIGNED BEFORE
YOUR CHILD MAY PARTICIPATE IN THE CAMP**

EMERGENCY TREATMENT RELEASE FORM

PARTICIPANT'S NAME: _____ DATE OF BIRTH _____

PARENT'S NAME _____ PHONE _____

ADDRESS _____ TOWN _____ ZIP _____

FAMILY PHYSICIAN _____ CITY _____ PHONE _____

SPECIFIC MEDICAL ALLERGIES, CHRONIC ILLNESS OR OTHER CONDITIONS:

OTHER LOCAL CONTACT IN CASE OF EMERGENCY:

NAME _____ PHONE _____

NAME _____ PHONE _____

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As a parent and/or guardian, I do hereby give my permission to an authorized representative of the Williamsburg Recreation Department to obtain professional medical attention for my child in case of injury or illness; if I can not be located. I understand that I AM responsible for all cost involved.

I do hereby authorize treatment by a qualified and licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, if delayed. This authority is granted only after a reasonable effort has been made to reach me.

NAME OF MINOR CHILD _____

THIS RELEASE FROM IS COMPLETED AND SIGNED OF MY OWN FREE WILL WITH THE SOLE PURPOSE OF AUTHORIZING MEDICAL TREATMENT UNDER MEDICAL EMERGENCY CIRCUMSTANCES IN MY ABSENCE.

SIGNED _____

RELATIONSHIP-CIRCLE ONE: FATHER MOTHER LEGAL GUARDIAN