



Fort Lewis College

Mini Sports Camp Registration 2009

Return this form along with check to:

Fort Lewis College
 Student Life Center
 1000 Rim Drive
 Durango, CO 81301

FOR MORE INFORMATION CALL 247-7575 or 247-7096

***Please indicate if your child is staying full day, half day, or extended care.**

*****Full day \$30, Half Day \$20, Extended Care \$5, Full Week \$120*****

You have the option of signing up now for all of our camp dates this summer, or you may decide to sign up for additional camp dates at a later time!

	<u>May 26</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Ext. Care	<u>May 27</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Ext. Care	<u>May 27</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Ext. Care	<u>May 29</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Ext. Care
<u>June 1</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Ext. Care	<u>June 2</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Ext. Care	<u>June 3</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Ext. Care	<u>June 4</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Ext. Care	<u>June 5</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Ext. Care
<u>Aug 3</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Ext. Care	<u>Aug 4</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Ext. Care	<u>Aug 5</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Ext. Care	<u>Aug 6</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Ext. Care	<u>Aug 7</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Ext. Care
<u>Aug 10</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Ext. Care	<u>Aug 11</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Ext. Care	<u>Aug 12</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Ext. Care	<u>Aug 13</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Ext. Care	<u>Aug 14</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Ext. Care

During a given session your child will have the opportunity to choose to participate in 3-6 different activities. There will be roughly 8 activity sessions each day.

To help us better prepare for your child's needs, **please mark an X in front of all activities your child is interested in.** If there is an activity you do not want your child to participate in please make us aware of it.

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|--|-----------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Climbing | <input type="checkbox"/> Frisbee | <input type="checkbox"/> Soccer | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Dance | <input type="checkbox"/> Kickball | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Football | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wallyball |

***Pick up options:**

- Option 1: Campers can leave on their own at check out time
 Option 2: designated persons must sign out Campers.

List names of people (including parents/guardians) who are permitted to pick up your children.

Camper's Name _____ Age _____ Birthday ____/____/____ Grade _____
SEE OTHER SIDE FOR MEDICAL INFORMATION AND DISCLAIMER

