

Olympic Sports & Soccer Center Summer Day Camps

JUNE 22 TO AUGUST 28, 2009

Kindergarten to Sixth Grade Ages

Monday thru Friday

Full Day from 8:30 to 4:30

Half-Day from 8:30 to 12:00 or 1:00 to 4:30

Early Drop-off starting at 7:30, Late Pick-up to 5:30

Have your child enjoy a fun filled day of activities and games in a safe and relaxed environment. Weekly and Daily Activities Include:

▣ SURVIOR OSSC ▣ AMAZING RACE OSSC ▣ ARTS AND CRAFTS ▣ GREAT OUTDOORS ▣ PE FAVORITES ▣ ULTIMATE FRISBEE ▣ DISC GOLF ▣ I'M NOT BOARD GAMES ▣ WORLD CUP ▣ DRAMA CLASS ▣ BASEBALL ▣ WIFFLE BALL ▣ BATTING CAGES ▣ FOSSBALL TOURNEY ▣ BUNKO ▣ GEO-CACHING ▣ BOCCE BALL ▣ NATURE WALK ▣ VOLLEYBALL ▣ DODGE BALL ▣ GARDENING ▣ WATER WORLD ▣

Summer Camp 2009 – Pricing Breakdown							
Open 7:30 to 5:30 Monday thru Friday	Daily	Weekly	10 week 1 payment	10 week 2 payments	Early Drop-Off 7:30 to 8:30	Late Pick-Up 4:30 to 5:30	Both Early & late
Full day 8 hours 8:30 to 4:30	\$40	\$175	\$145 wk	\$160 wk	\$5	\$5	\$8
Sibling Discount 1st sibling	\$35	\$150	\$120 wk	\$135 wk	\$5	\$5	\$8
Sibling Discount 2+ Siblings	\$30	\$125	\$95 wk	\$110 wk	\$5	\$5	\$8
Half Day 8:30 to 12:00, or 1:00 to 4:30	\$25				\$5	\$5	
<i>Children must be Dropped-Off or Picked up within 30 minutes of scheduled start time.</i>							

CONTACT OSSC AT 360.479-8388 for more Information and Player Registration

Olympic Sports & Soccer Complex
Pendergast Regional Park
1199 Union Avenue, Bremerton, WA
Call: 360.479-8388
www.olympicindoorsoccer.com

General Guidelines:

- Prior to participation, all players must have:
 - An up-to-date player waiver signed by a parent or legal guardian on file with OSSC – There is no additional cost for Summer Camp player waivers
 - A completed Emergency Medical Release form.
 - Summer Camp pre-payment is required
- All participants must be signed in and out of the Daily Summer Camp Log by a parent or legal guardian.
- Children may only be picked up by a parent or legal guardian, or by a third party for which the parent or legal guardian has given OSSC written permission to release the child
- Photo identification of the individual picking a child up may be requested, and must be provided before the child is released for pick up
- Sign up at the Olympic Soccer & Sport Center front desk; call 360.479-8388; or visit our website at www.olympicindoorsoccer.com and click on "Summer Camp" to register.

Camp Registration:

Activity Registration	
1. Child's Name:	
2. Activity for which enrolling:	
3. List individuals that will be picking the child up:	
<ul style="list-style-type: none">• Children may only be picked up by a parent or legal guardian• Photo identification of the person picking up a child may be requested, and must be provided before the child is released.	
4. Home Address:	
5. Phone Number (include emergency phone number):	
6. Child Date of Birth; Gender; and Age:	
7. Parent Name (Printed):	
8. Parent Signature and Date:	



Date: _____

Emergency Medical Release Form

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Players Birth ____/____/____ Date of last Tetanus Booster ____/____/____

Known allergies of this player, including any allergies to medicine _____

Any other medical problems which should be note _____

Family Physician _____ Phone () _____ - _____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone Home _____ Cell _____ Work _____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone Home _____ Cell _____ Work _____

Person to notify if parent/guardian is unavailable _____

Phone Home _____ Cell _____ Work _____

Insurance Carrier _____ Policy Number _____

Signature of Parent/Guardian _____