

EduSports Inc.

Scholar's Name _____ Age _____ DOB ____/____/____

Name of School _____ Grade _____

Home Address _____

Home Phone # _____ Cell Phone# _____

Scholars must attend at least 5 Sessions

Extended days - \$5.00 per day (per child)

7:30 am-8:00 am

4:35 pm-5:15 pm

Registration	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7
May 24, 2022	6/28-7/1	7/05-7/8	7/11-7/15	7/18-7/22	7/25-7/29	8/1-8/05	8/8-8/12
\$35	\$ 140	\$ 140	\$ 160	\$ 160	\$ 160	\$ 160	\$ 160

Physical/Immunization Form & Report Card

Please attach your child's physical form including Immunizations(Less than 1 year old)_____

Process Fee

A non-refundable process fee of \$35 before or on May 24th _____

First Payment - due by June 7th

*Siblings will only pay \$130 per session

A first payment of \$160 _____

Picture Release:

I authorize EduSports Inc. to record and edit my child's name, image, voice, performance, interview and any materials provided by me. EduSports Inc. shall own all rights, title, and interest in and to the recordings and the Production.

I have the right to enter into this agreement, and the rights I have granted hereunder will not conflict with or violate any commitment or understanding I have to or with, nor infringe upon any rights of, any person or entity.

Yes No

Signature of
Parent/Guardian: _____ Date: _____

Empowering our Youth Through Academics and Sports

P.O. BOX 260044 | Boston, MA 02126 | Tel: 1.617.433.7036 | www.edusportsites.org

Emergency Release Form

Mother/Guardian Name _____

Home Address _____

City _____ **State** _____ **Zip** _____

Home Phone # _____ **Cellular Phone #** _____

Work Phone _____ **E-Mail** _____

Father/Guardian Name _____

Home Address _____

City _____ **State** _____ **Zip** _____

Home Phone # _____ **Cellular Phone #** _____

Work Phone # _____ **E-Mail** _____

Other Person (other than Parent) _____

Relation _____ **Cellular Phone #** _____

Home Address _____

City _____ **State** _____ **Zip** _____

Home Phone # _____ **Work Phone #** _____

EduSports Inc.

Do you carry medical/hospital insurance? Yes No

If yes, name of carrier and policy number: _____

Name of physician _____

Address _____

City _____ State _____ Zip _____

Phone # _____

List any allergies:

List any chronic or recurring medical conditions:

List any neurological problems and/or disabilities:

List any dietary restrictions:

List any medication currently being taken by camper for any condition:

Medical Emergency Agreement:

In case of a medical emergency involving my child, I understand that every effort will be made to contact me or other parent/guardian/alternate person. In the event I or they cannot be reached, I hereby give permission to the physician selected by the program to hospitalize, to secure proper treatment for, and to order injection, anesthesia, surgery or other medical procedure necessary for my child.

Signature of

Parent: _____ Date: _____

*****PLEASE DO NOT FORGET TO INCLUDE YOUR CHILD'S PHYSICAL AND IMMUNIZATION RECORD/FORM.*****

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EduSports Inc.

WAIVER RELEASE

I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL ACTIVITIES AND ATTEND ALL FIELD TRIPS SPONSORED BY THE EDUSPORTS INC. SUMMER ENRICHMENT PROGRAM. IN CONSIDERATION OF THE DIVISION'S ACCEPTING MY CHILD INTO THIS PROGRAM, I AGREE TO WAIVE AND FOREVER DISCHARGE EDUSPORTS INC, ITS EMPLOYEES AND AGENTS HARMLESS OF & FROM ANY INJURIES SUSTAINED BY MY CHILD WHICH OCCURS WHILE ENROUTE TO OR FROM OR PARTICIPATING IN ANY ACTIVITY SPONSORED BY THE AFOREMENTIONED PARTIES.

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGN OUT RELEASE

IN THE EVENT THAT I AM UNABLE TO PICK UP MY CHILD, I AGREE TO CALL THE SCHOOL AND INFORM THE PROGRAM COORDINATOR/COUNSELOR WITH THE NAME OF THE INDIVIDUAL I AUTHORIZE TO PICK UP MY CHILD. I AGREE TO PROVIDE EDUSPORTS INC. WITH THE NAMES OF THE INDIVIDUALS I AUTHORIZE TO PICK UP MY CHILD WHEN I AM UNABLE TO DO SO MYSELF. I REALIZE IT IS MY RESPONSIBILITY TO KEEP THIS LIST UPDATED AND ACCURATE.

SIGNATURE OF PARENT OR GUARDIAN

DATE

AUTHORIZED PERSONS FOR PICK-UP

NAME	PHONE NUMBER
1. _____	() _____
2. _____	() _____
3. _____	() _____

CHILD'S WALK/RIDE BIKE /SIGN-OUT PERMISSION RELEASE

I GIVE MY CHILD PERMISSION TO WALK AND/OR RIDE HIS/HER BIKE TO AND FROM THE PROGRAM SITE AND PERMISSION TO SIGN HIM/HER SELF IN AND OUT EACH DAY.

SIGNATURE OF PARENT OR GUARDIAN

DATE