



**boulder county**  
**FORCE**

## 2011 Summer Camp Registration Form

Please complete registration form carefully. Mail in completed registration form to:  
Boulder County Force, 1510 28<sup>th</sup> Street, Suite 100, Boulder, CO 80303 or Fax to: 720-406-1566

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex:  M  F

Contact Number (\_\_\_\_\_) \_\_\_\_\_ Alternate (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_@\_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

**BCF Summer Camps** Location: Pleasant View Soccer Complex, 3801 47th St., Boulder, CO 80301

| Week | Dates          | Times     | Ages           | Cost  | Register                 |
|------|----------------|-----------|----------------|-------|--------------------------|
| 1    | June 6-9       | 9-10:30AM | 4-6 years old  | \$65  | <input type="checkbox"/> |
|      |                | 9AM-12PM  | 7-14 years old | \$110 | <input type="checkbox"/> |
| 2    | June 13-16     | 9-10:30AM | 4-6 years old  | \$65  | <input type="checkbox"/> |
|      |                | 9AM-12PM  | 7-14 years old | \$110 | <input type="checkbox"/> |
| 3    | June 20-24     | 9-10:30AM | 4-6 years old  | \$80  | <input type="checkbox"/> |
|      |                | 9AM-12PM  | 7-14 years old | \$135 | <input type="checkbox"/> |
| 4    | June 27-July 1 | 9-10:30AM | 4-6 years old  | \$80  | <input type="checkbox"/> |
|      |                | 9AM-12PM  | 7-14 years old | \$135 | <input type="checkbox"/> |
| 5    | July 5-8       | 9-10:30AM | 4-6 years old  | \$65  | <input type="checkbox"/> |
|      |                | 9AM-12PM  | 7-14 years old | \$110 | <input type="checkbox"/> |
| 6    | July 11-15     | 9-10:30AM | 4-6 years old  | \$80  | <input type="checkbox"/> |
|      |                | 9AM-12PM  | 7-14 years old | \$135 | <input type="checkbox"/> |
| 7    | July 18-22     | 9-10:30AM | 4-6 years old  | \$80  | <input type="checkbox"/> |
|      |                | 9AM-12PM  | 7-14 years old | \$135 | <input type="checkbox"/> |

Total Amount Enclosed \$ \_\_\_\_\_

Method of Payment:  Check  Credit Card (Visa, MasterCard, Discover) Checks should be made payable to **Boulder Country Force**.

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-digit security code \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

### Release for Medical Treatment

I (parent/legal guardian) \_\_\_\_\_ authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for (child's name)

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

- Refunds and prorated fees will not be granted after 1 week prior to the start of camp as camp staff is hired based on the numbers of registered campers. Due to inclement weather, vouchers for future camps may be granted at the discretion of the camp director.