



boulder county
FORCE

2011 Summer Specialty Camp Registration Form

Please complete registration form carefully. Mail in completed registration form to:
Boulder County Force, 1510 28th 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) _____

Speciality Camps

Locations:

Week 1 - East Boulder Recreation Center (5660 Sioux Dr., Boulder, CO)

Week 2 - Foothills Community Park (800 Cherry St., Boulder, CO)

Strikers Camp

<u>Week</u>	<u>Dates</u>	<u>Times</u>	<u>Ages</u>	<u>Cost</u>	<u>Register</u>
1	July 11-15	5-6PM	U9-U14	\$125	<input type="checkbox"/>
2	July 18-22	5-6PM	U9-U14	\$125	<input type="checkbox"/>

Defenders Camp

<u>Week</u>	<u>Dates</u>	<u>Times</u>	<u>Ages</u>	<u>Cost</u>	<u>Register</u>
1	July 11-15	6-7PM	U9-U14	\$125	<input type="checkbox"/>
2	July 18-22	6-7PM	U9-U14	\$125	<input type="checkbox"/>

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.