

### **Central Community Athletics Summer Camps**

#### JOIN US FOR SOME SUMMER FUN!!

All Camps are for ages 5 & up. Lots of iam packed fun!!

Please place a checkmark by the camp you would like to attend and attach it to the completed registration form.

competence algorite and a specific form business and
Cost is \$120 members, \$140 non-members per camp.
June 9-13
June 23-27
July 14-18
Summer Camp Important Information:
*Deposit is non-refundable and non-transferable
*Tuition is due to CCA on or before first day of camp.
*CCA reserves the right to cancel any camps; refunds will be given for cancellations.
*All prices include daily snack and craft.
*Additional concessions will be available for purchase at snack time.
*Students must provide lunch each day when choosing whole week camps.
*Fridays are Pizza Days! If you would like for your child to have pizza on Fridays, instead of bringing a lunch from home, please pay for their pizza when paying for that week's camp. Pizza is \$2.00 per slice and they can choose between Cheese and Pepperoni.
*Fridays are also Wacky Water Days, bring swimsuit, towel and extra shoes.

Below is a listing of our camps. Should you have any questions, please feel free to contact us by phone (225)-261-0660 or by email <u>info@centralcommunityathletics.com</u>.

#### \*Pay full amount for any camp before May 3rd and get \$20 off that camp!!\*\*

\*Your spot will not be held without at least a \$50 deposit for each camp.\*

Mail completed registration form and a \$50 non-refundable deposit or full amount for each camp to: Central Community Athletics, 12470 Hooper Road, Central, LA 70818. Thanks



## 12470 Hooper Road Central, LA 70818

225-261-0660 - info@centralcommunityathletics.com

# **2014 SUMMER CAMP REGISTRATION**

Age: Birthda	ny:	Grade:	
Parents Names:			
Phone No.: (#1):	(#2):	(#2):	
Address:	City:	Zip:	
Email Address:			
Doctor		Phone	
Insurance Company		Policy#	
Emergency Contact:			
participate in all of the activities of utilizing Central Community and property damage that I may authorize the staff at Central (medical attention and I agree thuse of any photographs, videota	s available at the camp, and is controlled at the camp, and is controlled at the camp, and is controlled at the camp. I hereby have against Central Community Athletics, LLC's to a set I will be obligated for all costs apes or record of events for publication.	certify that said student is of sound health overed by medical insurance. In considerate by agree to waive all claims for personal injuy Athletics, LLC's and its Directors and Staffact on my behalf in any emergency requires resulting from any treatment. I consent to dicity use by Central Community Athletics, Llocertain rights, including the right to sue.	
Parent/Guardian Signature		Date	
Office Use Only:			
Total Paid:	Date:		
Payment Method:			