

DPS™ Academy 2010 Summer Camp Registration Form

Submit only one form per camp participant. Complete sections I, II, and III. You may also print this form and return it to **DPS Academy LLC, 2107 North Decatur Road #469, Decatur GA 30033.**

I. Camper Information

Enter Name:	First Name: *	<input type="text"/>	Last Name: *	<input type="text"/>
Date of Birth: *	<input type="text"/>	Age: *	<input type="text"/>	Height: * <input type="text"/>
			Weight (lbs): *	<input type="text"/>
Name of School:	<input type="text"/>	Grade:	<input type="text"/>	Gender: * <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: *	Street:	<input type="text"/>		Apt/Unit #: <input type="text"/>
	City: *	<input type="text"/>	State: *	AK - Alaska <input type="text"/>
			Zip Code: *	<input type="text"/> (5 digits)
Contact: *	Email:	<input type="text"/>		Home Phone: <input type="text"/>
Emergency: *	Name:	<input type="text"/>		Phone: <input type="text"/>
	Shirt Size: *	<input type="checkbox"/> Youth Small	<input type="checkbox"/> Youth Medium	<input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small
Skill Level: *	<input type="checkbox"/> Dribblers (Beginners)	<input type="checkbox"/> Olympians (Intermediate)	<input type="checkbox"/> World Cup (Advanced)	
Session:*	<input type="checkbox"/> Full Day (9:00AM-4:30PM)	<input type="checkbox"/> Half Day (9:00AM-12:30PM)	<input type="checkbox"/> Half Day (1:00PM-4:30PM)	

II. Responsible Parent/Guardian Information

First Name: *	<input type="text"/>	Last Name: *	<input type="text"/>
Work Phone: *	<input type="text"/>	Cell Phone: *	<input type="text"/>
Occupation:	<input type="text"/>	Employer Name:	<input type="text"/>
Work Email:	<input type="text"/>		

III. Other Information

Comments:	<div style="border: 1px solid gray; padding: 5px;"> Enter comments here! </div>
<input type="checkbox"/>	I have read the Camper Code of Conduct and I agree to abide by Camp rules of DPS Academy LLC and the Samuel L. Jones Boys & Girls Club.

