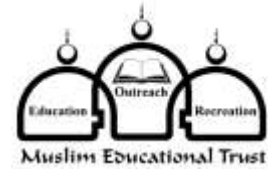


MET Extracurricular Program

10330 SW Scholls Ferry Road
Tigard, OR 97223
(503) 579-6621
metpdx93@yahoo.com
www.metpdx.org



CAMP REGISTRATION FORM

Please print clearly. Parents may only register their own children. You may register up to three participants per form.

PARENT/GUARDIAN INFORMATION

Mother's Name: _____ Father's Name: _____

Mother's Email: _____ Father's Email: _____

Mother's Cell#: _____ Father's Cell#: _____

Home Address: _____ Home Phone#: _____
Street City State Zip

EMERGENCY CONTACT INFORMATION

First Name: _____ Last Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

PLAYER/PARTICIPANT INFORMATION

Full name: _____ Grade: ____ Gender: ____ Medical condition, if any (including allergies): _____

Full name: _____ Grade: ____ Gender: ____ Medical condition, if any (including allergies): _____

Full name: _____ Grade: ____ Gender: ____ Medical condition, if any (including allergies): _____

CAMP CHOICE (please circle): Half-Day (8:00 am - 1:00 pm) Full-Day (8:00 am - 5:00 pm)
Week 1 (July 10-14) Week 2 (July 17-21) Week 3 (July 24-28) Week 4 (July 31-Aug 4)

TUITION per student per week: \$200 Full-Day; \$125 Half-Day; \$25 discount per additional sibling

DRESS CODE: All participants should closely follow and abide by the dress code and gear required for this extracurricular program; inadequate dress or missing gear may result in limited participation. Parents will be notified ahead in case of any cancellation of program.

I have read, fully understand, and agree to the terms of this application and I fully understand that in case my child violates any of the MET Community Center facility use rules, Extracurricular program rules, and/or code of ethics, I will be called to pick him/her up immediately. If emergency treatment is required and the parents or legal guardian cannot be reached immediately, I hereby, authorize the staff of MET Summer Camp to call my child's physician or transport my child to a hospital emergency room. I also give permission for my child to be photographed as part of the MET Summer Camp proceedings, and for photos of my child to be published at the discretion of MET.

Parent/Guardian Name

Signature

Today's Date