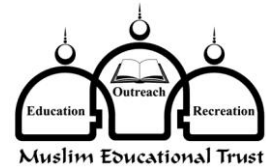


# MET Extracurricular Program

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[www.metpdx.org](http://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 - 6:00 pm)

Week 1 (July 11-15) Week 2 (July 18-22)\* Week 3 (July 25-29)\* Week 4 (August 1-5)\*  
\*including technology classes in the morning

**TUITION per student per week:** \$200 Full-Day; \$100 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