



Summer Program 2010 Sign-up Form

Student's Name: _____

Date of birth: _____ *Shorts size* _____ *T-shirt size* _____

Parent's Name (s): _____

Address: _____

City, State Zip: _____

Telephone: _____

Emergency Contact info: _____

Email address: _____

Does your child have Health Insurance?: (circle) Yes or No

List Allergies or Any physical limitations? _____

Please Circle Program(s)

Junior Lifeguards: June 7-July 23 M-F \$375- 6 week session (8:30am to 12:00pm)

Basketball Camp: June 14th M-TH \$85 / June 21st M-TH- \$85 (9:00-4:00pm)

Surfing Academy: June 14- July 23 M-F \$225 weekly/ \$79 daily (8:30am-12:30pm)

Amount due: _____

Please sign and date: _____

Please make checks payable to :

Legacy Sports & Life Skills

Po box 34096

Indialantic, FL 32903

321-208-2577

legacysportsandlifeskills@gmail.com