



NATIONAL YOUTH SPORTS SUMMER 2012

SUMMER SPORTS CAMP

Sponsored by
National Youth Sports, Inc.
A 501(C)3 Non-Profit Agency

nysonline.org

OFFICE: 16083 N. 75th AVE. • PEORIA, AZ • 85382 • 623-486-7440

EMAIL: aznwco@nysonline.net

CAMP DIRECTOR: sconnors@nysonline.net

www.facebook.com/NYSPhoenix



Campers can enjoy:

- Soccer
- Basketball
- Volleyball
- Baseball
- Flag Football
- **Field Games:**
 - Dodgeball
 - Kickball
 - Capture the Flag
- *and More!*

All campers will receive an NYS Summer Camp T-shirt with Registration!

Hosted by Shawn Connors, who has a Masters Degree in Elementary Education, has been running youth sports programs across the country for the past 14 years!

Our staff is awesome and excited to share their energy with your camper!

Payment is due in full for your first week at time of registration. Payment is due one week prior to each additional week. Make checks payable to NYS. Credit Cards accepted in office only. Registration deadline is each Friday prior to each scheduled session. NYS reserves the right to cancel a particular session due to low enrollment. Camp must have a minimum of 15 participants registered per week. Any cancellations would be made the Friday, prior to the scheduled session. If this occurs, all monies for that cancelled session would be refunded.

NYS, established in 1992, is a rewarding, multi-sport league that concentrates on building character, improving self-esteem, and inspiring confidence to its players through its youth sports programs.

NYS offers a safe and fun environment for kids over the summer. The focus of the camp blends education with sports. Campers will leave with new skills, great friendships and lasting memories!

Available for ages 4 to 12.

Eight week sessions starting May 29th through July 27th

Choose between:

Full Day, 8:30 AM to 3:30 PM

Half Day, 8:30 AM to 12:00 PM

Doors open at 8:00 AM.

Full Day campers must bring their own self-cooled lunches. No nuts please.

Held at:

Desert Sky Middle School

Multipurpose Room

5130 W. Grovers Avenue

(51st Avenue & Grovers)

KEEP TOP PORTION FOR FUTURE REFERENCE



NATIONAL YOUTH SPORTS
SUMMER CAMP

REGISTRATION FORM

One child per registration form.

Must be done in person or mailed in.

All forms must be completely filled out.

PRINT LEGIBLY

Child's Last Name: _____

First Name: _____

Child's Age: _____ Birthdate: _____ Gender: _____

Age as of September 1, 2011.

Address: _____ City: _____ Zip: _____

Parent/Guardian First & Last Name: _____ Phone #1: _____

Email: _____ Phone #2: _____

By signing, my child and I hereby acknowledge and fully understand that playing youth sports is dangerous where serious injuries are common even if all available safety equipment is used properly. Serious injury can include bruises, broken bones, torn ligaments, cuts, spinal injury, head injuries, brain damage and death. Parents/Legal Guardians assume the risk of harm from the inherent dangers of the sport itself, from failure to consult with proper healthcare or medical providers regarding the proper size, fit, and application of the equipment available, and/or failure to purchase and/or to properly use any available equipment. I understand the "No Refund" policy regarding participation with NYS. • NYS reserves the right to use any photograph or videography taken during an NYS sponsored event without the expressed written permission of the subjects included within the photograph or video. Photographs may be used in publications or other media material produced, used or contracted by NYS including but not limited to: view books, catalogues, search pieces, newspapers, magazines, television, websites, etc. See our website for more information.

I would like the following weeks: *Pro-Rated fees only applicable for Week 1 and Week 5, due to national holidays.

WEEK 1*: **SOCCER**, May 29 - June 1
 FULL DAY HALF DAY

WEEK 2: **BASEBALL**, June 4 - June 8
 FULL DAY HALF DAY

WEEK 3: **FLAG FTBALL**, June 11 - June 15
 FULL DAY HALF DAY

WEEK 4: **VOLLEYBALL**, June 25 - June 29
 FULL DAY HALF DAY

WEEK 5*: **SOCCER**, July 2, 3, 5, 6
 FULL DAY HALF DAY

WEEK 6: **BASEBALL**, July 9 - July 13
 FULL DAY HALF DAY

WEEK 7: **FLAG FTBALL**, July 16 - July 20
 FULL DAY HALF DAY

WEEK 8: **VOLLEYBALL**, July 23 - July 27
 FULL DAY HALF DAY

FULL DAY WEEKLY FEE: \$100
HALF DAY WEEKLY FEE: \$65
FULL DAY PRO-RATED FEE*: \$75
HALF DAY PRO-RATED FEE*: \$50

OFFICE USE ONLY	
<input type="checkbox"/> Certified	Amt. Paid _____
<input type="checkbox"/> Annual Membership	Check # _____
Age (9/1) _____	CC Auth _____
Birth Cert. _____	Processed _____
Reg. Date _____	Entered _____
	Parent/Coach _____
	Acct _____
AZCTR-CAMP	SUMMER 2012 1-25-12

FULL DAY, 8:30 AM to 3:30 PM
HALF DAY, 8:30 AM to 12:00 PM

*Payment is due in full for your first week at time of registration.
Payment is due one week prior to each additional week.*

Make checks payable to NYS. Credit Cards accepted in office only.

Parent/Guardian
Signature (required): _____

Date: _____

NYS NATIONAL YOUTH SPORTS SUMMER 2012 SPORTS CAMP

The mission of all of our programs is to strengthen the individual, the family, and the community through participation in youth sports. Each program is centered around sportsmanship and emphasizes fun and the importance of fair play.

SPORT PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK & INDEMNITY AGREEMENT

Please read and be certain you understand the implications of signing.

Express Assumption of Risk Associated with Sport, Venue Use and Related Activities.

I do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with recreational activities and contact sports, transportation of equipment related to the activities, and traveling to and from activity sites in which I am about to engage. Inherent hazards and risks include but are not limited to:

1. Risk of injury from the activity and equipment utilized is significant including the potential for broken bones, severe injuries to the head, neck, and back or other bodily injuries that may result in permanent disability and death.
2. Possible equipment failure and/or malfunction or misuse of my own or others' equipment.
3. I AGREE THAT I WILL WEAR APPROVED PROTECTIVE GEAR AS DECREED BY THE GOVERNING BODY OF THE SPORT I AM PARTICIPATING IN. However, protective gear cannot guarantee the participant's safety. I further agree that no helmet can protect the wearer against all potential head injuries or prevent injury to the wearer's face, neck or spinal cord.
4. Variation and/or steepness of terrain, variation or changes in surfaces including but not limited to snow surfaces, ice, bare spots, rocks, stumps, debris, cliffs, trees, fences, posts, trees, light poles, signs, buildings, roads, walkways, ramps, rails, stairs, pyramids, manual pads, bowls, half-pipes, jumps, padded and non-padded barriers, other persons, and other natural and man-made hazards.
5. My own negligence and/or the negligence of others, including but not limited to operator error and guide decision making including misjudging terrain, weather, riding surfaces or other obstacles.
6. Exposure to the elements and temperature extremes may result if frost nip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
7. Dangers associated with exposure to natural elements include but are not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe and or varied wind, temperature and other weather conditions.
8. Accidents or illness occurring in remote places where there are no available medical facilities.
9. Fatigue, exhaustion, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
10. Impact or collision with other athletes, spectators, facility employees, pedestrians, motor vehicles, and cyclists.

*I understand the description of these risks is not complete and unknown or unanticipated risks may result in injury, illness, or death.

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in the above described activity(ies) and related activities, I hereby agree, acknowledge and appreciate that:

1. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as releasees.
National Youth Sports Leagues
2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of my engaging in the above activities.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.
4. This agreement shall apply to any and all injury, disability, death, or loss or damage to person or property occurring at any time after the execution of this agreement.

Consent for Emergency Medical Treatment

In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the participant(s), hereby grants authorization to National Youth Sports (NYS), and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the participant(s). Each of the undersigned further agrees that neither NYS nor any of its representatives shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

KEEP TOP PORTION FOR FUTURE REFERENCE



PRINT LEGIBLY

Child's Last Name: _____

First Name: _____

Child's Age: _____ Birthdate: _____ Gender: _____

Age as of September 1, 2011.

Emergency Contacts:

Emergency Contact #1: _____ Phone #1: _____

Relation to Participant: _____ Phone #2: _____

Allowed to pickup the participant (must present Photo ID).

Emergency Contact #2: _____ Phone #1: _____

Relation to Participant: _____ Phone #2: _____

Allowed to pickup the participant (must present Photo ID).

Emergency Contact #3: _____ Phone #1: _____

Relation to Participant: _____ Phone #2: _____

Allowed to pickup the participant (must present Photo ID).

Medical History

List, if any, medical history (allergies, learning disability, etc.) that we should be aware of or that would help us in working with the participant.:

Preferred Hospital: _____ Family Doctor: _____ Phone: _____

Parent/Guardian Signature (required): _____ Date: _____