



IT'S RATS TIME!

“Coach Don” Arreola-Burl’s Summer Sports Program, *RECREATION AND TEAM SPORTS*, is now enrolling *entering 3rd through 8th graders*.

Program: **RATS** is a fun and moderately competitive program for boys and girls that want to play sports and games all day long. Kids play basketball, baseball, football, soccer, and a wide variety of alternative games. During “down time,” they enjoy chess, checkers, board games, silly talent competitions and more. Program Director Don Arreola-Burl has many years of experience operating summer programs, coaching, and teaching physical education. Kids of all ability levels are encouraged to enroll; all they need is a willingness to participate. So, if your child has a passion for sports and physical activity, or just loves PE, sign up now!

Location: Berkeley Arts Magnet School, 2015 Virginia Street, Berkeley

Dates: June 20- July 29, 2011 (closed Monday, July 4)

Hours: 8am-5:30 pm

Cost: \$175 per week, except as noted.

To register: Complete bottom portion of this flyer **and the admission form on the reverse side** and return with your non-refundable \$25 registration fee and \$50 per week deposit to:

RATSPORTS, 1716 Lincoln Street, Berkeley, CA 94703.

Please check the boxes to indicate the weeks for which you are registering:

Session	Fee	Non-Refundable Registration Fee and Weekly Deposit REQUIRED
<input type="checkbox"/> June 20-24	\$175	Choose ONE:
<input type="checkbox"/> June 27-July 1	\$175	Enclosed is deposit payment of # of weeks ___ x \$50,
<input type="checkbox"/> July 5-8 (closed 7/4)	\$140	plus one-time \$25 registration fee = Total Deposit \$_____
<input type="checkbox"/> July 11-15	\$175	<i>Balance due <u>June 15, 2011</u>, unless a payment plan has been approved.</i>
<input type="checkbox"/> July 18-22	\$175	OR TWO:
<input type="checkbox"/> July 25-29	\$175	Enclosed is Full Payment of \$_____ (Weekly fee plus \$25 registration.)

Circle Preferred T-shirt size: Child Medium Child Large
Adult Small Adult Medium Adult Large Adult XL Adult XXL

Cancellation Policy: Deposits are non-refundable; however, the remainder of the fee may be refunded if cancellation is made in writing before June 15, 2011.

We have limited financial assistance available. You can request a financial aid application by sending an email message to: RATSPORTS@yahoo.com or by calling (510) 548-2708. You must provide proof of income with your financial aid application. WE ARE UNABLE TO AWARD FINANCIAL AID WITHOUT A COMPLETED APPLICATION AND PROOF OF INCOME.

Don't forget to fill out the medical form on the next sheet!

Recreation and Team Sports is a Nonprofit 501(c)3 Corporation.

RECREATION AND TEAM SPORTS 2011 SUMMER CAMP

AGREEMENT FOR ADMISSION, EMERGENCY MEDICAL TREATMENT, GENERAL CONSENT WAIVER

Participant Information:

_____/_____/_____
Last Name First Name Age Date of Birth Gender

Child's Address School /Grade Fall 2011

Parent /Guardian Information: * = Call First

*Parent/Guardian #1 _____
Name Email

_____(_____)_____(_____)_____
Mailing/Billing Address Home Phone Work/Cell Phone

Parent/Guardian #1 _____
Name Email

_____(_____)_____(_____)_____
Mailing/Billing Address Home Phone Work/Cell Phone

Emergency Contact Information: Please list two additional people you give us permission to contact in case of emergency, and to whom we may release your child.

1) _____
Name Relationship Home Phone Work Phone Cell

2) _____
Name Relationship Home Phone Work Phone Cell

Sign-Out Information: List any other persons authorized to pick up your child, **in addition** to those listed above:

Medical/Behavioral Information:

Physician: _____ Phone: _____ Insurance/Policy #: _____

Dentist: _____ Phone: _____ Insurance/Policy #: _____

Any allergies to medications, animals, insects, or food? Y N

If yes, please describe: _____

Medications/Special Instructions: _____

Does your child have any special physical, behavioral or other needs? Y N

If so, please describe: _____

REQUIRED SIGNATURES:

Indemnification Waiver (RATS = Recreation and Team Sports)

I certify that the child named above is in normal health and give permission for him/her to participate in program activities. I hold blameless RATS and all involved in the program, including staff and directors, from any liability for any harm that befalls my child as a result of participating in the program. I authorize the employees of RATS to administer first aid, and to consent to medical care to be rendered to my child upon the advice of a physician. The undersigned further agrees that the employees and directors of RATS are not legally or financially liable for any claim arising out of consent given in good faith in connection with such diagnosis and treatment.

Printed Name: _____

Signature: _____ Date: _____

Photo Release (RATS = Recreation and Team Sports)

I hereby grant RATS the right and permission to use any photos or videos taken of my child while participating in the program for promotional/advertising/fundraising purposes.

Printed Name: _____

Signature: _____ Date: _____