

Cedarland

888 Boston Road Haverhill Mass

Presents: Sports Stars for Kids

2019 School Vacation Workshop Registration Form

Please complete this form and return with payment to Cedardale Aquatic Center,
aMAZEment, or the front desk at Cedardale..



****Now Accepting Credit Card payments via phone****

Please make checks payable to Sports Stars for Kids.

To mail payment, please complete form and send with check made payable to:

Sports Stars for Kids to P.O. Box 2221 Salem NH, 03079 603-560-5042

Check the dates your child will be attending

Dec/Jan

February

April

Event	12/23	12/27	12/30	1/2	1/3		2/17	2/18	2/19	2/20	2/21		4/20	4/21	4/22	4/23	4/24
Vacation Workshop																	

Cost \$65/day

Cost for 5 days \$300

2nd child in family receives \$5 off per day

No Credits or Refunds will be given for missed days

Total Number of Days _____ X \$ _____ = Total Amount _____

Payment

Cash _____ Check _____ Credit Card _____ Desk Initials _____

Child's Name.....Age.....Date of Birth.....

Grade.....Eye Color.....Hair Color.....Ethnicity.....

Height.....Weight.....Sex.....Identifying Marks.....

Parent's NameAddress.....

Phone#.....Email Address.....

Emergency Contact.....

Additional Information

Child's Physician/Clinic.....Phone.....

Special Medical/behavioral Considerations (allergies, medications, Asthma etc.) If none, write "none".....

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to secure necessary medical treatment.

Parent's Signature.....Date.....