



# 2020 Got Game Summer Camp

Camp Location: St. Anthony of Padua School  
1003 W. 163rd Street, Gardena, CA 90247



## CAMPER INFORMATION

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_  
School \_\_\_\_\_ T-Shirt Size: **1)** \_\_\_\_ Youth \_\_\_\_ Adult **2)** \_\_\_\_ Small \_\_\_\_ Medium \_\_\_\_ Large

## PARENT/GUARDIAN INFORMATION - PLEASE PRINT LEGIBLY

Parent/Guardian Name(s) \_\_\_\_\_  
Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Primary Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Approved individuals for pick up \_\_\_\_\_  
Allergies, illnesses, injuries, medications, disabilities, etc. \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

## SUMMER CAMP

Week	Attending Full Week	Single Days Only
1		
2		
3		
TOTAL		\$

## CAMP WEEK DATES

1	July 6th - 10th
2	July 13th - 17th
3	July 20th - 24th

- **Camp Hours 9:00am - 3:30pm**
- **20% Sibling Discount Available**
- **Daily Rate: \$75**

I, the undersigned, individually as parent(s)/guardian(s) of the child, ask that he/she be admitted to participate in the Got Game Sports® 2020 summer camp program. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless St. Anthony of Padua School, Got Game Sports®, its officers, agents, and organizers of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance and participation in this program. I also hereby grant Got Game Sports® permission regarding all photographs and/or videos taken of me and/or my minor children to be used for possible promotion and advertising.

**PAYMENT & REFUND POLICY:** Registration payments must be made in full along with application submission to be processed. I understand there will be no refunds after May 1st or for behavioral issues causing dismissal from camp. I understand I cannot transfer or credit a future day with a prepaid day that I do not attend, unless it is for a medical purpose and a doctor's note is provided. Refund requests prior to that date will be subject to a \$45 processing fee per camper, per week.

- **Mailing Address:**  
**PO Box 360553 Los Angeles, CA 90036**
- **Drop off:**  
**St. Anthony of Padua School, main office**
- **Checks payable to:**  
**Got Game Sports**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## CREDIT CARD CHARGE AUTHORIZATION:

Credit Card#: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ (only if paying by credit card) Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Billing Zip Code: \_\_\_\_\_  
\_\_\_\_ Visa \_\_\_\_ Mastercard \_\_\_\_ Discover \_\_\_\_ American Express Signature: \_\_\_\_\_



## 2020 Got Game Summer Camp Rates

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Camp Week	Early Bird (before Mar. 16)	Regular (after Mar. 16)	
Week 1 (July 6-10)	\$235	\$265	<b>*** Camp Hours:</b> 9:00am - 3:30pm  <b>*** 20% Sibling Discount</b>  <b>*** Daily Rate: \$75</b>
Week 2 (July 13-17)	\$235	\$265	
Week 3 (July 20-24)	\$235	\$265	
<b>All 3 Weeks Discount</b>	<b>\$665</b>	<b>\$755</b>	

**You may register by submitting this paper application OR online at:**  
**[www.GotGameCamp.com](http://www.GotGameCamp.com)**

- **Mailing Address:** PO Box 360553 Los Angeles, CA 90036
- **Application Drop off:** St. Anthony of Padua School, Main Office