

SPORTS CAMPS | REGISTRATION FORM

Student's Legal First & Last Name	Date of Birth
School Attending 2016-2017	Grade (2016-2017)
Student's Address	<input type="checkbox"/> Male <input type="checkbox"/> Female
City	Zip Code

T-Shirt Size (if applicable); circle one: YM YL AS AM AL AXL

Special Needs (if any): _____

Parent/Guardian Name			
Address			Zip Code
Email	Home Phone	Cell Phone	Work Phone
Emergency Contact Name			
Relationship	Home Phone	Cell Phone	Work Phone

I and/or my child prefer NOT to be photographed for use in district publications, websites or local media and newspapers

Camp Code	Camp Name	Fee
Total Fees		

Payment Method: Cash Check (No. _____) Please make checks payable to **DMPS Community Education**

I certify the above information is correct and that the individual listed above has my permission to enroll in the Des Moines Public Schools Sports Camp(s) indicated. Des Moines Public Schools, its agents and representatives will not be held liable for any injuries, loss of property or any accidents during this program

Parent/Guardian Signature: _____ Date: _____

Registration
 Please complete the registration form and return it to:
DMPS Community Education | Attn: Sports Camps | 2100 Fleur Drive | Des Moines, Iowa 50321
 OR Register online by visiting commmed.dmschools.org.

Refunds
 If camps are cancelled due to low enrollment, all participants shall receive a full refund. In the case of participant refund requests, a \$5 cancellation fee will be retained. All refunds will be processed in the same format that payment was received.

Participation
 Participation in any Des Moines Public Schools camp is voluntary. At the discretion of District staff, participants may be removed from a camp at any time for failing to follow District policies, rules, or procedures.



DMPS Community Education
 2100 Fleur Drive
 Des Moines, IA 50321

