



## Sports Camps 2010

Viewpoint School is pleased to offer these exciting 2010 summer sports camps! To enroll, fill out and mail this application to us along with your payment. Have a great summer!

Please check off which program you are signing your child up for.

**Football Camp (for students Grades 3-8) \$270 per session**

Patrick Marquez [pmarquez@viewpoint.org](mailto:pmarquez@viewpoint.org) 818-591-6552  
June 21 – June 25 (5:00 – 7:00 p.m.), June 26 (9:00 a.m. – 12:00 p.m.)

**Co-Ed Soccer Camp (for students entering Grades 3-8) \$550 per session**

Coach Kikugawa [tkikugawa@viewpoint.org](mailto:tkikugawa@viewpoint.org) 818-591-6417  
June 21 – June 25 (8:30 a.m. – 2:30 p.m.)  
June 28 – July 2 (8:30 a.m. – 2:30 p.m.)

**Co-Ed Volleyball Camp (for students entering Grades 3-12) \$270 per session**

Coach Pontello [fpontello@viewpoint.org](mailto:fpontello@viewpoint.org) 818-591-6269  
Session I: (Co-Ed; for students entering Grades 3-12) July 12 – July 16 (6:00 – 8:00 p.m.)  
Session II: (Co-Ed; for students entering Grades 3-8) July 19 – July 23 (6:00 – 8:00 p.m.)

**Girls Basketball Camp (for students entering Grades 3-8) \$270 per session**

Coach Fournier [nfournier@viewpoint.org](mailto:nfournier@viewpoint.org) 818-591-6418  
July 26 – July 30 (6:00 – 8:00 p.m.)

**Boys Basketball Camp (for students entering Grades 3-8) \$270 per session**

Coach Prince [jj.prince@viewpoint.org](mailto:jj.prince@viewpoint.org) 818-591-6469  
Session I: August 2 – August 6 (6:00 – 8:00 p.m.)  
Session II: August 9 – August 13 (6:00 – 8:00 p.m.)

**Co-Ed Baseball Camp (for students entering Grades 3-9) \$375 per session**

Coach Pontello [fpontello@viewpoint.org](mailto:fpontello@viewpoint.org) 818-591-6269  
Session I: June 15 – June 18 (9:45 a.m. – 2:45 p.m.), June 19 (9:00 a.m. – 12:00 p.m.)  
Session II: June 21 – June 25 (9:45 a.m. – 2:45 p.m.)

Total amount due: \_\_\_\_\_

Please make checks payable to Viewpoint School and submit to:

Viewpoint School  
Business Office  
23620 Mulholland Highway  
Calabasas, CA 91302



Please circle T-Shirt size:  
Youth-L Adult-S M L XL

### Sports Camps 2010

#### Application and Medical Information Form

23620 Mulholland Highway, Calabasas, CA 91302, 818-340-2901

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Entering Grade Level in 2010-2011 \_\_\_\_\_ School of Attendance Next Fall \_\_\_\_\_

<b>Parent 1</b>	<b>Parent 2</b>
Name: Mr./Mrs./Ms./Dr. _____	Name: Mr./Mrs./Ms./Dr. _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone: Home ( ) _____	Phone: Home ( ) _____
Work ( ) _____	Work ( ) _____
Cell ( ) _____	Cell ( ) _____
Primary E-mail* _____	Primary E-mail* _____

Name and Address of Financially Responsible Party \_\_\_\_\_

**\*You will receive a confirmation e-mail once we have received your application and non-refundable deposit. A parent packet will be mailed to you prior to the start of camp. We will send weekly e-mails to your primary e-mail address containing camp updates and schedules.**

#### Medical Information

Allergies \_\_\_\_\_ Requires Epi-pen? \_\_\_\_\_

Date of last Tetanus Booster \_\_\_\_\_ Child wears glasses \_\_\_\_\_ Contacts \_\_\_\_\_

Asthma \_\_\_\_\_ Orthodontics \_\_\_\_\_

List any medication he/she takes regularly \_\_\_\_\_

*Any medication to be administered by the School must be in the original container and marked clearly with the child's name and dosing instructions.*

Restrictions on Physical Activity \_\_\_\_\_

#### Emergency Contacts (other than parents):

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Individuals authorized to transport my child at any time \_\_\_\_\_

**PRIVACY POLICY:** The School collects and maintains information on students and their families for various necessary purposes including admission, enrollment, transcript maintenance, billing, fundraising, emergency preparedness, athletics, summer camp and for other uses. The School will never sell personal information and will not release confidential information without your permission unless required to do so by law. The School highlights student participation and achievement in academic, athletic, artistic, community service, and other areas. As part of this Agreement, the undersigned permits the School to use, in whole or in part, photographs, videos, written extractions, and voice/performance recordings of the above named student for educational, promotional, and/or athletic purposes in Viewpoint publications, press releases, videos, and Web site without identifying the student by name. Highlighting student participation and achievement is often best accomplished when a student is named. Unless Parent(s) specifically requests otherwise by checking the box below, this Agreement permits the School to selectively identify the above named student (first name only in Grades K-5, full name in Grade 6) and/or the student's city of residence when highlighting participation and achievement in Viewpoint publications, press releases, videos and Web site.

I (we) DECLINE permission for the School to identify my child by name or city of residence for educational and/or promotional purposes

I give permission for my child to participate in this program, and I hereby authorize and consent to any medical diagnosis or procedure rendered under the provisions of the Medical and Dental Practice Acts and by the staff of any licensed medical facility or hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. I understand that effort shall be made to contact me prior to rendering treatment to my child, but that treatment will not be withheld if I cannot be reached.

I give Viewpoint School permission to administer as needed, to the child named above, any one of the following initialed medications: \_\_\_\_\_ Tylenol \_\_\_\_\_ Ibuprofen (Advil/Motrin) \_\_\_\_\_ Benadryl

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_