Summer Clinic Registration

Parent Name:	
Email:	
Phone:	
Child's Name:	
Child's Age:	
Emergency Contact Name:	
Relationship to Child:	
Phone:	
Authorized Pick-up Name: (Photo ID Required)	
Relationship:	
Authorized Pick-up Name: (Photo ID Required)	
Relationship:	
Allergies:	
Additional Information We Need to Know:	

All athletes should wear comfortable clothing and athletic sneakers.
Please bring a water bottle, lunch, and a snack.

Make Clinic Selection:

- ☐ Full Day 9am-4pm = $300.00 per week
  - ☐ Week 3 - Ages 5-6 - 7/13/26-7/17/26
  - ☐ Week 4 - Ages 7-9 - 7/20/26-7/24/26
  - ☐ Week 5 - Ages 10-12 - 7/27/26-7/31/26
  - ☐ Week 6 - Ages 5-6 - 8/3/26-8/7/26

- ☐ Half Day 9am-12pm = $160.00 per week
  - ☐ Week 3 - Ages 5-6 - 7/13/26-7/17/26
  - ☐ Week 4 - Ages 7-9 - 7/20/26-7/24/26
  - ☐ Week 5 - Ages 10-12 - 7/27/26-7/31/26
  - ☐ Week 6 - Ages 5-6 - 8/3/26-8/7/26

- ☐ Day(s) - Drop off 9am - 4pm = $75.00 per day
  - ☐ Please document which days your athlete will be attending below:
  - ☐ _____
  - ☐ _____
  - ☐ _____

- ☐ Check here if you are a Grace Church Family

All summer clinics are held at **Grace Assembly of God Church** at 2303 E. Churchville Road, Bel Air MD 21015.

Sibling discounts are available, please email fys.coordinator@gmail.com for additional information.

Safety:

Our top priority is providing a safe, positive, and inclusive environment for all children. Bullying, aggressive behavior, or actions that place another child at risk—whether physical, verbal, or emotional—will not be tolerated. If a child's behavior is deemed harmful to others, we reserve the right to take immediate action, which may include contacting a parent or guardian for early pick-up. In such cases, no refunds will be issued.

- ☐ Check box to acknowledge

Liability Waiver:

The parent/guardian of the child understands the risks involved in participating in physical activities and/or other programs. The parent/guardian agrees that all programs shall be undertaken at the child's sole risk and that FUNdamental Youth Sports LLC, its servants, agents, or employees shall not be liable for, and are hereby released from, any claims, demands, actions, or causes of action, other than those caused by the gross negligence of FUNdamental Youth Sports LLC, for injuries or damage to the child's person or property arising out of or in connection with the use by the child of the services and facilities of Grace Assembly or any premises where the same are located.

Signature of Parent/Guardian: _____

Date: _____

Photos:

I give permission for my child to be photographed and/or recorded during clinic activities for promotional and informational purposes.

- ☐ Yes
- ☐ No

We accept payments via cash, check, or Venmo @FUNdamentalYouthSportsLLC

Please email this completed form to fys.coordinator@gmail.com. Once the form and payment have been received, a confirmation email will be sent by our coordinator.