

SPORT CAMPS

Football Camp
July 10-13
Ages 6 thru 8th grade
6:00-8:30pm \$95



**Register for the
football camp
Online @
www.millcreekaa.com**

Boys Basketball
June 5-8
Rising 5th-8th Graders
9:00-12:00pm \$75



**Register for the
basketball camp online @
www.MyPaymentsPlus.com**

Baseball Camp
June 26-29
Rising 7th-9th Graders
9:00-1:00pm \$125



**Register for the
baseball camp online @
www.MyPaymentsPlus.com**

Softball Camp
July 10-13
Grade 1st-8th
(Groups will be based on age and skill)
8:30-12:30pm \$125



**Register for the
softball camp online @
www.MyPaymentsPlus.com**

SUMMER CAMP REGISTRATION INFORMATION:
**All Participants must have a Summer Camp Registration form
completed BEFORE ATTENDING CAMP.**

To register online: Go to www.mypaymentsplus.com - Go to Community School - Go to Mill Creek Community School - All the camps are listed. The Summer Camp Registration form can be completed online.

To register in person or mail: Print from website or pick up a Summer Camp Registration form and submit to our Community School Office. Check Payable to: Mill Creek Community School 4400 Braselton Hwy Hoschton, 30548

If you have any questions, please contact Mill Creek Community School at 678-714-5855.



Mill Creek Summer Camp

Registration Form

Phone: 678-714-5855/Fax: 678-714-5863

Wanda Cain and Patricia Lowrie, Director

Participant Name: _____ **Age:** _____ **2017-2018 Grade:** _____

Parent / Guardian Name: _____

Address: _____

City: _____ **Zip:** _____ **Home Phone:** _____

Cell phone: _____ **Email Address:** _____

Please list the camp(s) you want to register for:

CAMP(S)	DATES	FEE	T-Shirt Size (S-XL) (if applicable)

As a parent or guardian of the above named child, I do hereby indicate he/she in good health, give full approval for his/her participation in the program, and in the event of an accident, authorize any medical treatment which may be advised or recommended by an attending physician.

SIGNATURE PLEASE 

Signature of Parent or Guardian

*******THIS SECTION MUST BE COMPLETED IN FULL *******

INSURANCE CONVERAGE FOR ACCIDENTAL INJURY IS REQUIRED BY ALL PARTICIPANTS.

Insurance Co. Name: _____ **Policy#** _____

Please list below any medical problem, e.g., diabetes, allergies, etc., that would assist us in caring for your child:

REGISTRATION INFORMATION

ALL PARTICIPATES MUST HAVE A REGISTRATION FORM COMPLETED BEFORE ATTENDING CLASS.

To register online: Go to www.mypaymentsplus.com - Go to Community School - Go to Mill Creek Community School - All the classes are listed. The Summer Registration form can be completed online.

To register in person & mail: Print from website or pick up a Community School Registration form and submit to our Community School Office. Make check payable to Mill Creek Community School.

OFFICE STAFF ONLY: Receipt# _____ Check # _____