

Summer Fun at



Registration Form

Child's Name _____	Age _____
Child's Name _____	Age _____
Child's Name _____	Age _____
Child's Name _____	Age _____
Parent's Name _____	
Address _____	City _____ Zip _____
Home Ph. # _____	Mom Cell # _____ Dad Cell # _____
Emergency Contact _____	Phone # _____
Insurance Carrier _____	Group # _____
Doctor _____	Doctor Ph. # _____
List All Allergies _____	
List Any Medical Conditions _____	

Camp Attending

week attending				Total
_____	6/14-6/18	Tiny Tot Camp	\$60.00	_____
_____	6/21-6/25	Kid's Camp	\$125.00	_____
_____	7/12-7/16	Kid's Camp	\$125.00	_____
			Total Due	_____

Date Registered _____ Paid by Cash/Check # _____ /Charge _____

1st week of Kid's Camp is \$125.00 each additional week is \$110.00
Additional weeks will be added if needed

I authorize Impact Sports Center to take photos of my child during the above activities for promotional purposes. _____ initial

I, the undersigned parent or guardian, do hereby agree to allow the individual named herein to participate in Impact Sports Center's program. I understand that any physical activity has the risk of injury and agree to indemnify and hold Impact Sports Center harmless from any and all liability for any injury suffered by the participant, arising from, or in any way connected with participation.

Parent/Guardian Signature _____ Date _____