

# 2011 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 |
|----------------|-----------|-----------------|-----------|-------|
| _____          | 6/20-6/24 | Tiny Tot Camp   | \$60.00   | _____ |
| _____          | 6/20-6/24 | Tween/Teen Camp | \$60.00   | _____ |
| _____          | 6/27-7/1  | Kid's Camp      | \$99.00   | _____ |
| _____          | 6/27-7/1  | Flip's Week     | \$50.00   | _____ |
| _____          | 7/11-7/15 | Tween/Teen Camp | \$60.00   | _____ |
| _____          | 7/11-7/15 | Kid's Camp      | \$99.00   | _____ |
| _____          | 7/18-7/22 | Kid's Camp      | \$99.00   | _____ |
|                |           |                 | Total Due | _____ |

Date Registered \_\_\_\_\_ Paid by Cash/Check # \_\_\_\_\_ /Charge \_\_\_\_\_

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 \_\_\_\_\_