



Registration Form

Date _____/_____/_____

Camper's Name: First _____ Last _____

Address : Street _____ City _____

State: _____ Zip: _____ Area Code: _____ Phone: _____

E-Mail: _____

Date of Birth: _____ Age: _____ Sex: _____

Name of Junior Program Attending: _____

Dates of Attendance _____

Name of Junior Program Attending: _____

Dates of Attendance _____

Skill Level: Beginner Intermediate Advanced

Circle One: Right Handed Left Handed

Person Paying: _____

Address (if different)

Telephone (home) _____ (business) _____

Amount of Check Enclosed \$ _____ (Please submit **FULL** payment * Deposits are not accepted) Check # _____

Please note if camper should be restricted from any activity

Will the camper be taking medication during the camp? YES NO

If YES, please indicate name of drug and dosage

Please identify any medical condition/allergies which would require special attention

Physician's Name

Telephone () _____

Insurance

Information-Carrier

Name

Policy Number _____

I, the parent of _____, give my permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the named person below, before taking action. I hereby waive and release the staff,

Camp, Management and sponsors from any liability for any injuries or illness incurred while at camp. I understand that there is a risk of injury to my child as a result of camp activities, and knowingly and

voluntarily assume all risk of such injury. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp.

Home Phone () _____

Work Phone () _____

Cell Phone () _____

SIGN _____ Date ____/____/____

Person to contact in the event I cannot be reached _____,

Phone () _____

Print Form