

The Athletic Zone / Track Out Camp

Registration Form

<u>Week Choice(s)</u>	<u>Early Drop Off / Late Pick Up</u>	<u>T-Shirt Size</u>
<i>\$150/Week (Multiple Week Discounts Available)</i>		
<input type="checkbox"/> _____	<input type="checkbox"/> Early Drop Off (\$7/day)	<input type="checkbox"/> YM
<input type="checkbox"/> _____	<input type="checkbox"/> Late Pick Up (\$7/day)	<input type="checkbox"/> YL
<input type="checkbox"/> _____	<input type="checkbox"/> Both (\$10/day)	<input type="checkbox"/> AS
<input type="checkbox"/> _____	<input type="checkbox"/> Only these Days:	<input type="checkbox"/> AM
<input type="checkbox"/> _____	M / T / W / Th / F	<input type="checkbox"/> AL
Sport Choice: Soccer / Baseball / Softball / Lacrosse / Cheer / Tumbling / General: _____		
<i>Choice of Two</i>		

Participant Name: _____ Age: _____ DOB: _____
Phone: _____ Mailing Address: _____

City: _____ Zip: _____

Parent / Guardian: _____ Email: _____

Work #: _____ Cell #: _____

Parent / Guardian: _____ Email: _____

Work #: _____ Cell #: _____

Special Notes / Medical Conditions: _____

Medications needing to be administered during Camp: _____

Food Allergies: _____

Knowing both the physical and health condition of my child, I give my approval of him/her to participate with The Athletic Zone/Vardy HPC and their staff. I hereby assume all risks and hazards incidental to the conduct of the activities and transportation to and from such events. I understand that participant's individual accident insurance is required by The Athletic Zone/Vardy HPC in order to participate and certify that my child is covered as indicated below. I give permission to use my child's photo in any publication and/or website. By entering my child in The Athletic Zone/Vardy HPC camp, I do hereby release The Athletic Zone/Vardy HPC and their staff, any sponsors and any others associated with this camp in any form.

Parent Signature: _____ Date: _____

Insurance Company: _____ Policy Number: _____

*** WE MUST HAVE ALL INSURANCE INFORMATION AND FEES BEFORE YOUR CHILD MAY PARTICIPATE ***

Space Availability – Subject to Change
Minimum of 10 Campers per week is required

Office Use Only			
		Registration Date: _____ / _____ / _____	
<input type="checkbox"/> \$25 Deposit Pd:	Payment Date: _____	Staff Initial: _____	Invoice #: _____
Payment Type:	<input type="checkbox"/> Cash <input type="checkbox"/> Check / #: _____	<input type="checkbox"/> CC	
<input type="checkbox"/> Paid in Full: \$ _____	(remaining balance) Payment Date: _____	Staff Initial: _____	Invoice #: _____
Payment Type:	<input type="checkbox"/> Cash <input type="checkbox"/> Check / #: _____	<input type="checkbox"/> CC	