

Previous Edge Activity \_\_\_\_\_ PSDN \_\_\_\_\_ REC \_\_\_\_\_  
 REF \_\_\_\_\_ Internet/ Face book \_\_\_\_\_ Offsite Event \_\_\_\_\_  
 Contact info on File \_\_\_\_\_  
 And checked as current \_\_\_\_\_  
 New \_\_\_\_\_ Returning \_\_\_\_\_ Customer # \_\_\_\_\_ Date pd \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ '17 Amt Pd for THIS Activity: \$ \_\_\_\_\_ C.O.F. \$ \_\_\_\_\_  
 HOW PD: Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ Visa/MC \$ \_\_\_\_\_ Coupon \$ \_\_\_\_\_  
 Form # \_\_\_\_\_ Cust # \_\_\_\_\_ \$ s \_\_\_\_\_ DB \_\_\_\_\_  
 Coupon and/or C.O.F note \_\_\_\_\_ Roster \_\_\_\_\_ Conf email & xfer to folder \_\_\_\_\_  
 Processing Mgr: Jael Seth Matt  
 Phil Christian Pat

**the Edge**  
 sports center, LLC  
 Where Families & Athletes Play  
 Safe, Clean & Friendly  
[www.edgesportscenter.com](http://www.edgesportscenter.com)  
 Phone: 970.472.0048 4450 Denrose Court  
 Fax: 970.472.0547 Fort Collins, CO 80524

**FALL - WINTER  
 Multi-Sport Day  
 Camp  
 Registration Form  
 (10/01/17)**



**Child's FIRST** Name \_\_\_\_\_ **LAST** Name \_\_\_\_\_ **AGE** \_\_\_\_\_ **Fall Grade** \_\_\_\_\_  
**Parent or Guardian FIRST** Name(s) \_\_\_\_\_ **LAST** Name (s) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**CANCELLATIONS: There are no refunds for cancellations. If cancellation is made one week or more before start of session, the registration fee can be carried forward in full as a credit. Cancellations within one week of start of session, or after session has started, result in loss of registration fee.**

Season	Date(s)	Day	Options	Cost
Fall Camps	October 19	Thursday	<b>Full Day: 9 am – 4 pm</b>  <b>Half Day: 9 am - noon</b>	<b>Full Day: \$55</b>
	October 20	Friday		
	November 17	Friday		
	November 22	Wednesday		
Winter Camps	January 2	Tuesday		<b>Half Day: \$30</b>
	January 3	Wednesday		
	January 4	Thursday		
	January 5	Friday		

**Liability Waiver** I hereby authorize the staff of The Edge Sports Center, LLC & its instructors to act for the participant according to their best judgment in providing or arranging for emergency circumstances requiring medical attention. In consideration of the applicant being allowed to participate in the activity specified above, I acknowledge that I have had the opportunity to determine the nature of the activity and the manner in which it will be conducted and/or having waived the right to obtain such knowledge, do hereby assume all risks arising from or connected with said activity and release The Edge Sports Center, LLC, the owner of the facility, their employees and agents, from all liability of any kind or nature, whether caused in any way by negligence of the released parties or not, arising from the applicants participation in the league/clinic/camp/activity or presence on the premises.  
**Permission to use Photographs & Video Footage:** I give my permission to The Edge Sports Center, LLC to use sports action or team photographs and/or video footage of the above named player in various Edge Sports Center, LLC marketing materials including, but not limited to, brochures, flyers, guides, DVDs & the Edge Sports Center, LLC website. I waive any claim to monetary compensation in any form from The Edge Sports Center, LLC for this usage.  
 I represent that I am the parent or legal guardian of the above named child and that I understand and agree to the above statements.  
 Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_