

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



www.edgesportscenter.com

Phone: 970.472.0048 4450 Denrose Court
 Fax: 970.472.0547 Fort Collins, CO 80524

SUMMER 2017 Multi-Sport Day Camp Registration Form (02/14/17)




Follow us on Facebook!
www.facebook.com/TheEdgeSportsCenter

Child's FIRST Name _____ **LAST** Name _____ AGE _____ **FALL GRADE** _____
Parent or Guardian FIRST Name(s) _____ **LAST** Name (s) _____
 Address _____ City _____ State _____ Zip code _____
 Primary 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.

Camp	Date(s)	Day	Options	Cost		
June Camp I	June 5	Monday	Full Day:	Full Day:		
	June 6	Tuesday				
	June 7	Wednesday				
	June 8	Thursday				
	June 9	Friday				
July Camp II	July 17	Monday			Full Day:	\$50
	July 18	Tuesday			9 am – 4 pm	Full-Day, Full -Week (5 days)
	July 19	Wednesday				
	July 20	Thursday				
	July 21	Friday				
July 31	Monday					
August Camp III	August 1	Tuesday	Half Day:	\$225		
	August 2	Wednesday	9 am - noon	(Saves \$25!. Must book entire week at the same time)		
	August 3	Thursday				
	August 4	Friday				
	August 7	Monday				
August 8	Tuesday					
August Camp IV	August 9	Wednesday	Half Day:	\$30		
	August 10	Thursday				
	August 11	Friday				
	August 14	Monday				
August Camp V	August 15	Tuesday				
	August 16	Wednesday				
	August 17	Thursday				
	August 18	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 _____