

Previous Edge Activity _____ PSDN _____ REC _____
 REF _____ Internet/ Facebook _____ Offsite Event _____
 New _____ Returning _____ Customer # _____ Date pd _____ / _____ /17 Amt Pd for THIS Activity: \$ _____ C.O.F. \$ _____
 HOW PD: Cash \$ _____ Check # _____ \$ _____ Visa/MC \$ _____ Coupon \$ _____
 Processing Manager: Jael _____ Form Cust # _____ \$ s _____ DB _____
 Seth _____ Phil _____ Pat _____ Coupon and/or C.O.F note _____ Roster _____ Conf email & xfer to folder _____



2017 Spring Sports Camps Registration Form




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

www.edgesportscenter.com

(4/20/2017)

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

Child's FIRST Name _____ **LAST** Name _____ **AGE** _____ '16-'17 Grade _____

Parent or Guardian FIRST Name(s) _____ **LAST** Name (s) _____

Address _____ City _____ State _____ Zip code _____

Primary Phone _____ Secondary 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.*

Junior Tennis	May - June	Fridays	5/19 - 6/23	6 weeks	Gr K - 3	4:30 - 5:25 pm	\$90
					Gr 4 - 6	5:30 - 6:25 pm	\$90
Baseball	Spring Small Group Hitting Instruction	Tuesdays	4/25 - 5/30	6 weeks	Gr K - 8	4:30 - 5:25 pm	\$90

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 _____