

Multi-Sport Camp Registration Form

Please use one registration form per participant

Date of Registration: _____

Full Name _____ D.O.B.* _____
 (Last) (First) (Middle)

Address _____
 (Street) (City) (State) (Zip)

Email Address _____ Preferred phone _____

Week(s): _____ Grade (entering)*: _____
*campers must turn 6 and enter first grade by September 30th of the corresponding camp year

I require Before/After Care: Y / N (Before: 7:30-9:00 AM / After: 4:00-6:00PM) Before/After cost: \$75/week, additional to camp price

Terms of Registration

- Preregistration is required.
- **There are no refunds or reductions once a participant is registered for any reason, unless the program is cancelled by Athlete's Competitive Edge.**
- Special guests/coaches are subject to change, based on availability.
- Spaces are limited and registration is on a first come, first serve basis. A waiting list will be established if a program fills.
- If the minimum numbers for the clinic or camp are not met, the program may be cancelled or rescheduled.
- Registrations will not be processed without payment in full.
- A \$40 processing fee will be charged for all returned checks.
- **Camps: The following forms must be submitted for registration to be complete. No camper will be accepted if any forms are missing.**
 1. Signed Camper Conduct Agreement (page 3 of registration packet)
 2. Physician's Well-child Physical Form (from pediatrician)
 3. Current Immunization Records (from pediatrician)

General Permission & Release of Liability

In participating in Athlete's Competitive Edge, LLC and/or The Nature of Things, LLC programs, I assume any, and all risks associated with clinic, camp, and other sport related activities. If the parent/guardian of a minor, I give my child, listed above, permission to participate in all activities at Athlete's Competitive Edge, LLC and/or The Nature of Things, LLC clinics, camps, and events. I voluntarily release Athlete's Competitive Edge, LLC, the instructors, employees or agents, and The Nature of Things, LLC and its affiliates, from any responsibility on account of any injury, including death, sustained by myself, my child or person in my control, during any clinic or sport related activity. I agree to indemnify and hold harmless any such person on any claim for as long as I am associated with Athlete's Competitive Edge, LLC and/or The Nature of Things, LLC.

Photo Release

I authorize Athlete's Competitive Edge, LLC and/or The Nature of Things, LLC permission for my own (adult participant) or my child's (minor participant) photo to appear in clinic, camp, or event brochures, video, public and private advertising or any other promotional literature.

Please initial one: _____ I **do** give... _____ I **do not** give... permission for my child's photo release.

I agree to all the terms of registration as outlined above.

Parent/Guardian Signature _____ Date _____

Minor Participant Parent/Guardian Information

Mother's/Guardian's Full Name _____
(Last) (First) (Middle Initial)

Home Phone _____ Work Phone _____ Cell _____

Father's/Guardian's Full Name _____
(Last) (First) (Middle Initial)

Home Phone _____ Work Phone _____ Cell _____

Please indicate below any person(s) other than parent/guardian who are authorized to remove the child from the camp:

Name _____ Phone _____

Address _____
Street City State Zip**Please indicate any restrictions regarding removing the child from the camp that we should be aware of:** _____

Minor Participant Emergency Information

Please indicate who will assume responsibility for the child if the parent/guardian cannot be reached in the event of emergency:

Name _____ Phone _____

Address _____
Street City State Zip

Minor Participant Medical Release

My child's physician is _____
Name Address PhoneMy first choice of hospital is _____
Name and Address of HospitalInsurance _____
Company Policy #

Parent Signature _____ Date _____

I hereby give permission to the medical personnel selected by the program director to provide health care; to administer medications; to order X-rays, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

(Parent/Guardian Signature)_____
(Date)

Camper Conduct Agreement

One of our goals at Athlete's Competitive Edge is to provide all children with a positive sports experience. In an effort to attain this goal an environment of safety and comfort needs to exist. We feel this is an integral part of the learning process in our camps. We want our participants to read the following with their parent, and for the parent to make sure that their child understands what is expected of them.

It is important that both the minor participant and his/her parent/guardian sign the conduct agreement with the intention of following it.

1. All participants need to respect peers, staff, and themselves and be accepting of all individuals.
2. All participants need to respect Athlete's Competitive Edge/The Nature of Things property and their peers' property.
3. All participants need to follow the rules of Athlete's Competitive Edge.
4. Profanity, fighting, bullying as well as threatening, exclusionary, harassing, or disruptive behavior of any kind will not be tolerated at Athlete's Competitive Edge.
5. Smoking, and/or use or possession of drugs or alcohol at camp or class, on out-of-center trips or on the bus is not permitted.
6. Weapons of any type including-knives, BB guns, firearms and ammunition, sharp sticks, etc. are not permitted.
7. Each participant must be willing and cooperative in daily program planning.
8. Participants are responsible for taking care of their own belongings.
9. Participants are responsible for picking up trash and leaving buildings and property as they found them.
10. Participants are responsible for communicating needs, feelings, fears, etc. with instructors.

When a participant violates one of these rules, and allows others to be denied the full experience of a course, class, or camp the following steps will be taken:

- Step 1: Participant will be given a time-away from the group (take a breather) period.
- Step 2: The Director will give the participant a warning and the parent/guardian will be notified.
- Step 3: If the behavior or attitude has not improved within a time agreed upon the parent/guardian will be notified and will need to make arrangements for the child to leave the class or camp.

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✂ **Cut here and return the signed slip with the registration packet. Keep the above copy of the agreement for your records. Please submit one slip per participant.**

We both have read the Athlete's Competitive Edge Camper Conduct Agreement. We understand it and agree to follow the camp rules as outlined.

Participant's Full Name (printed) _____

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____