



ATHLETIC PERFORMANCE

6802 SW 81st Street

Miami, FL 33143

## Sports Performance Camp Summer 2015 Registration Form

Child's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please circle age group:      9-12    or    13-18

Please indicate T-shirt size:

Adult Small \_\_\_    Adult Medium \_\_\_    Adult Large \_\_\_    Adult XLarge \_\_\_

Youth Small \_\_\_    Youth Medium \_\_\_    Youth Large \_\_\_

**EMERGENCY CONTACT & MEDICAL CONSENT FORM**

When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Child's Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_

List all known:

Medications:

\_\_\_\_\_  
\_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Please provide us with any additional information we should know about your child:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Authorizations: This health history is correct and complete as far as I know and the person herein described has permission to engage in all of the program activities. I hereby give permission to Peak 360 Inc. to provide routine health care and seek emergency medical treatment, if needed. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to Peak 360 Inc. to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to Peak 360 Inc. to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent of guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

**THERE IS A 2 WEEK MINIMUM**  
**All payments must be made one week in advance**

**Camp Times: Monday – Friday**  
**10:30AM – 12:30PM**

**Check the weeks that your child will be attending:**

- \_\_\_\_ Week 1: June 8 - 12
- \_\_\_\_ Week 2: June 15 - 19
- \_\_\_\_ Week 3: June 22 - 26
- \_\_\_\_ Week 4: June 29 – July 3
- \_\_\_\_ Week 5: July 6 – 10
- \_\_\_\_ Week 6: July 13 - 17
- Week OFF** (July 20 – July 24)
- \_\_\_\_ Week 7: July 27 – July 31
- \_\_\_\_ Week 8: August 3 – August 7
- \_\_\_\_ Week 9: August 10 – August 14

Payment Status

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Registration: \$85 (includes T-shirt, Book, Bamp bag, Hat, and Mobility Lacrosse Ball)**

**Price: \$90 per week**

\*Siblings receive 15% off weekly price\*

\*Pay all 9 weeks in advance and receive a 10% discount\*

\_\_\_\_\_ Total Number of Children

\_\_\_\_\_ Registration Price

\_\_\_\_\_ Weekly Price Total

\_\_\_\_\_ **Total**

**Form of Payment**

- \_\_\_\_ Cash
- \_\_\_\_ Credit Card
- \_\_\_\_ Check # \_\_\_\_\_

Please make checks payable to: Peak 360 Inc.

**FOR CREDIT CARD OR DEBIT CARD**

CC TYPE: \_\_\_\_\_

CC NUMBER: \_\_\_\_\_

CC EXPIRATION: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

AUTHORIZED SIGNER NAME: \_\_\_\_\_

SIGNATURE OF ABOVE \_\_\_\_\_

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_