

Camp Registration Form

Athlete's Name _____ DOB _____

Parent(s) _____

Address _____

City _____ State _____ Zip _____

Home # _____ Emergency # _____ Email _____

Fast Camps

June 14th-18th - \$80

July 12th-16th - \$80

All FAST Camps will run from 1:00-2:30 PM

August 9th-13th - \$80

Soccer Speed Camps

June 14th-18th - \$80

July 12th-16th - \$80

All Soccer Speed Camps will run from 10:30 AM-12:00PM

August 9th-13th - \$80

Please check your preferred method of payment: Credit Card Check

Please make checks payable to: Rebound

Check Card Type: Visa Mastercard Discover

Card # _____

Expiration Date: _____

Mail a printed copy with payment to:

Rebound Sports Performance • 5220 SW 17th St • Topeka, KS 66604.,

Waiver

I understand that the performance camp that I am participating in is being offered solely by Rebound Sports Performance. I am participating in this program voluntarily and have no known physical limitation or impairment that may limit my ability to engage in various sports, coordination events, or fitness testing/training. I assume all risks of injury and agree to waive any claim or rights that I might otherwise have to hold liable Rebound Physical Therapy Inc employees, owners, officers or any agents. It is always advisable to consult your physician prior to undertaking any physical exercise program.

Athlete / Guardian Signature _____