

Camp Registration Form

Athlete's Name _____ DOB _____

Parent(s) _____

Address _____

City _____ State _____ Zip _____

Home # _____ Emergency # _____ Email _____

Please check which session you will be attending:

Fast Camps -

☐ June 5th-9th / 10:00-11:30 AM / Camp Fee - \$80

☐ July 10th-14th / 10:00-11:30 AM / Camp Fee - \$80

☐ August 7th-11th / 10:00-11:30 AM / Camp Fee - \$80

Soccer Speed Camps -

☐ June 5th-9th / 2:00-3:30 PM / Camp Fee - \$80

☐ July 10th-14th / 2:00-3:30 PM / Camp Fee - \$80

Please check your preferred method of payment: ☐ Credit Card ☐ Check

Please make checks payable to: Rebound Sports Performance

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 _____