

C U CAMP!

Registration Form

Fill out and return to any Thorbecke's Location. PLEASE PRINT CLEARLY
SEPARATE FORMS MUST BE FILLED OUT FOR EACH CAMP. THANK YOU!

NAME: _____ Age: _____ T-shirt Size: _____

NAME: _____ Age: _____ T-shirt Size: _____

Parent/s: _____ Phone: _____ Allergies: _____

Address: _____ Emergency Contact: _____

Waiver/Release & Indemnity Agreement:

It is hereby understood & agreed:

- 1) I, the above signed Parent/Guardian, understand that these programs involve physical activity, exertion, and some physical contact and that participation in any of the activities potentially may result in serious injury arising out of conditions of the facility utilized, player conduct, equipment utilized, and other factors, including random chance.
- 2) Thorbecke's FitLife Center and its owners, operators, employees, and agent are hereby released from any and all claims for injuries or damages which may occur to above participants of programs whether such injuries or damages are foreseen or unforeseen. It is further understood and agreed that the above signed agrees to defend, hold harmless, and indemnify
- 3) Thorbecke's FitLife Center from any claim by the participant, the participant's family, estate, heirs, or assigns.
- 4) The Parent/Guardian signed is of lawful age and legally competent to sign this affirmation, release, hold harmless, and indemnify agreement.

Thorbecke's Member? Y/N _____ Emergency Contact Phone: _____

EMAIL: _____ SPORTS: _____

Camp Name: _____ Dates: _____ Total Due: _____

Parent Signature: _____ Date: _____

METHOD OF PAYMENT: (please circle): Check Visa MasterCard

AMEX Club Account

Date Paid: _____ Staff Receiving Payment: _____ Receipt #: _____

CANCELLATION POLICY: Anyone wishing to cancel out of participation, must provide written cancellation 48 hours prior to first day of camp. Registrants who "no-show" will not receive a refund. Medical emergencies require a doctor's note & are up to the discretion of Thorbecke's Management.

Summer-Time 09!

