coerver® COACHING

SUMMER CAMP APPLICATION FORM

COMPLETE ONE FORM PER CHILD - Please print

Camper's name _____ Age _____

Street Address _____

City _____ State____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Emergency Phone _____

E-mail Address _____

Club name _____

Camp Location _____ First Day of Camp _____

Camp Fee: _____ (refer to website) Discount code (if applicable) _____

Shirt size (please circle) YS YM YL AS AM AL AXL

Please make checks payable to: "Coerver Coaching"

I hereby give permission for child/ward to participate in the Coerver® Camps and agree to comply with all it's rules and regulations. I have read and understand the policy statement and agree to be held to its terms. I hereby remove the staff and management of ESP or Coerver® Coaching from any liability for injuries incurred during my child/ward's participation in this program. I understand that my deposit is nonrefundable. I have enclosed my deposit of at least $100. My balance is due 14 days prior to the first day of camp. If not paid by then, I will pay at the first day of camp in the form of cash, certified check or money order.

Parents Name Printed (First/Last) _____

Parents/Guardian Signature _____ **Date** _____

----------For Office Use only----------

Date Received _____ Check # _____ Amount _____