



SUMMER PERFORMANCE SERIES

Camp Registration Form

To register your son or daughter, please mail, fax or bring this completed form to our center prior to the camp date.

Name of Camp _____ Date _____ Cost _____

Athlete Name _____ Age _____ Shirt Size _____ School _____ Grade _____

Sports Played _____ Positions Played _____ Level _____

Address _____

City _____ State _____ Zip Code _____ Email Address _____

Guardian's Name _____ Guardian's Relationship to Athlete _____ Contact Number _____

Alternate Emergency Contact Name _____ Alternate Relationship to Athlete _____ Alternate Contact Number _____

Medical Information (list any medications, allergies or medical conditions) _____

Payment Type _____ Credit Card Type (if applicable) _____ Credit Card Number (if applicable) _____

Name as it Appears on Card _____ CVV Number (3-4 digit code) _____ Expiration Date _____

Athlete Signature _____ Athlete Printed Name _____ Date _____

Guardian Signature _____ Guardian Printed Name _____ Date _____

1402 Chase Court Carmel, IN 46032 | Phone: (317) 848-JUMP (5867) | Fax: (317) 848-5865