

# REVIVE | NEXT LEVEL | SUMMER CAMP STRENGTH & CONDITIONING | 2018

"Getting your young athlete ready to excel at the Next Level"

PARTICIPANTS NAME: \_\_\_\_\_

GRADE 2018 - 2019: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MALE / FEMALE

PARENTS NAME: \_\_\_\_\_ CONTACT PHONE #: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

## CAMP TIMES / OPTIONS

- |   |                   |                   |
|---|-------------------|-------------------|
| <input type="checkbox"/> 5th & 6th Grade  | Monday & Thursday | 12:15pm - 1:15pm  |
| <input type="checkbox"/> 7th & 8th Grade  | Monday & Thursday | 11:00am - 12:00pm |
| <input type="checkbox"/> 3rd & 4th Grade  | Tuesday           | 10:00am - 11:00am |
| <input type="checkbox"/> K thru 2nd Grade | Tuesday           | 9:00am - 10:00am  |

**\*\* Registration due May 26th to guarantee participants spot \*\***

**\*\* Checks payable to REVIVE FITNESS \*\***

Mail or deliver to 410 West 4th Street Suite B., Dell Rapids, SD 57022

**Please complete one sheet per participant.**

**Cost is \$120 (5th - 8th) and \$60 (K-4th) for June and July.**

**Total Amount Enclosed: \_\_\_\_\_**

Release Form: I hereby authorize Revive Fitness and its trainers, instructors, coaches and employees to act for me according to their best judgement in any and all emergency situations. I hereby release Revive Fitness and all employees, trainers, instructors and coaches, voluntary or otherwise from any and all liability for any injuries incurred while traveling to, participating in, or returning from camp.

Participant Signature: \_\_\_\_\_

For competitors under 18 years, I, the undersigned parent or legal guardian of the competitor, hereby approve and confirms the above waiver and release.

Parent/Guardian Signature: \_\_\_\_\_