

WINTER CAMP 2010



Full Day: (9am-3:30pm) — \$55

Extended AM (8:30-9am) — \$5/day Extended PM (3:30-6pm) — \$10/day

Ages 8-15 ONLY Limited spaces available for extended hours

14201 Woodcliff Court, Bowie, MD 20720

SELECT YOUR DAYS AND EXTENDED HOURS OPTIONS — SIGN UP ONLINE!

Dec. 27 Full Day Ext AM Ext PM

Dec. 28 Full Day Ext AM Ext PM

Dec. 29 Full Day Ext AM Ext PM

Dec. 30 Full Day Ext AM Ext PM

Dec. 31* Full Day Ext AM N/A

* No Extended PM available on Dec. 31

Student's Name Age DOB Sex (m/f) Name of School

Student's Name Age DOB Sex (m/f) Name of School

Student's Name Age DOB Sex (m/f) Name of School

Home Address Home Phone

City State Zip

Parent's Name Email Cell # Work #

Parent's Name Email Cell # Work #

Family Physician Physician Phone Emergency Contact Name Phone

Insurance Provider Group # Date of last Tetanus shot

Does your child have any developmental or behavioral limitations, allergies, injuries or diagnosed illnesses?

How did you find out about Castle Laser Tag?

Parent's Signature & Liability Waiver must be signed before your child participates in any gym & laser tag activities

Release agreement: I understand that any athletic activity is inherently dangerous. The above named student has had a medical examination within the last twelve months and is capable of participating in gymnastics and laser tag activities. In the event of injury or illness, every effort will be made to contact the parent or guardian. If necessary, I authorize *Castle Laser Tag* to administer first aid and/or authorize medical treatment. Students are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury during my child's participation at *Castle Laser Tag*.

BY SIGNING THIS RELEASE, I UNDERSTAND THE POLICIES AND LIABILITIES THAT MAY OCCUR IN SPORTS ACTIVITIES. I UNDERSTAND THERE ARE NO REFUNDS OR CREDITS GIVEN. THERE IS A \$25.00 CHARGE FOR ANY RETURNED CHECKS.

Photograph Release: I agree to allow my child's likeness to be used on the website and in promotional materials for *Castle Laser Tag*.

Date _____ Signature (parent or guardian) _____

Camp Amount \$ _____ Cash OR Check# _____

Visa/MasterCard/AMEX Number _____ Expiration Date _____

3 digit CIN (found on back of card) _____ Name of Card Holder _____

Signature of Card Holder _____

Payment Policies — On line registration requires full payment. Registration by mail, fax or in person requires a 50% deposit. All balances must be paid by June 1, 2010. If you register after June 1, 2010 you are required to pay in full at the time you register. We have a strict NO REFUND policy and you may not transfer monies to the fall session. **REMEMBER**, you are paying for your child's spot in camp — not his/her attendance.

I, _____ authorize Castle Laser Tag to charge the amount above to my credit card. I understand there are no refunds or credits.

Return to Castle Laser Tag

14201 Woodcliff Ct., Bowie, MD 20720
301-352-8413 • Fax 301-352-8414

www.castlelasertag.com

For Office Use Only Check # _____

Date _____ Charged by _____

Amount _____ Entered/Date _____

Ref # _____ Initials _____

www.castlelasertag.com