

## **APlus Performance Camp Registration**

Athlete's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

Age: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_ Male/Female \_\_\_\_\_

Parent/Guardian(s) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ T-Shirt Size \_\_\_\_\_

APlus Performance Camp Programs (Please Select One):

\_\_\_\_ **Basic Package (\$100 Total):** 1 Group Session Per Week

\_\_\_\_ **Athlete Package (\$200 Total):** Unlimited Group Sessions Per Week:

\_\_\_\_ **VIP Package (\$500 Total):** 2 Individual Sessions Per Week Plus Unlimited Group Sessions and Nutrition Program

**\*please send check made out to Mike Sullivan at 35 School St #4, Dracut, MA.**

Special concerns (allergies, medications, medical conditions, etc.)

\_\_\_\_\_ Health Insurance Company \_\_\_\_\_ Phone: \_\_\_\_\_

Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Consent Form**

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend APlus Performance Camp. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during APlus Performance Camp, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp, and I hereby hold the camp staff, harmless in the exercise of this authority. I further understand that there is always a possibility that my child may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff to refer my child to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the camp. Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release Mike Sullivan and APlus Performance Camp staff from any claims for personal illness or injury that my child may sustain during the camp. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp.

Name of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

Please initial for permission of photo release for APlus Performance Camp website: \_\_\_\_\_