



**Vertical Zone
Trampoline Centre**

361 King Street, Unit 7
Barrie, Ontario L4N 6B5
(705) 794-JUMP (5867)
contact@verticalzone.ca

Camp Registration Form

ALL PAYMENTS MUST BE RECEIVED BY THE 1st DAY OF CAMP OTHERWISE YOUR SPOT WILL BE GIVEN TO ANOTHER PARTICIPANT.

CAMP DATE(S) : _____

AGE GROUP: 5-9 10+ BIRTH DATE: _____ Male Female

PARTICIPANT'S LAST NAME: _____ GIVEN NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PARENT/GUARDIAN'S NAME: _____

MAIN TEL. #: _____ ALT. TEL. # _____

E-MAIL: _____

IF PARTICIPANT HAS ANY HEALTH PROBLEMS, PLEASE ASK FOR ADDITIONAL FORM

3 PEOPLE WHO ARE ABLE TO PICK UP YOUR CHILD FROM CAMP:

WE ARE REQUESTING YOUR PERMISSION TO ALLOW US TO TAKE PHOTOGRAPHS OF THE PARTICIPANT TO BE USED FOR ADVERTISING PURPOSES ON FLYERS, WEBSITE, ETC.

PARENT/GUARDIAN SIGNATURE: _____

SIGN TO INDICATE YOU HAVE READ AND UNDERSTAND THE RULES OF SUMMER CAMP:

PARENT/GUARDIAN SIGNATURE: _____

FOR OFFICE USE ONLY

Week(s)								
Registration Date								
Waiver Form								
Attendance Sheet								
Athlete in POS								
Total Cost (\$)								
DEPOSIT								
Amount (\$)								
Cash/Debit #								
Date								
Balance Owing (\$)								
FULL PAYMENT or BALANCE OWING								
Amount (\$)								
Cash/Debit #								
Date								
GO information								
Camp or Rec								
Amount (\$)								
Process in QB								

REMINDER: to HOLD a spot, we MUST have a minimum of \$50 deposit AND registration form *completed* AND a waiver form *completed*!