



**Vertical Zone
Trampoline Centre**

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

Camp Registration Form

CAMP DATE(S) : _____

AGE GROUP: 5- 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 INDICATE BELOW:

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

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

PARTICIPANT'S SIGNATURE _____

PARENT/GUARDIAN SIGNATURE (if under the age of 18) _____

FOR OFFICE USE ONLY

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 FULL PAYMENT, a registration form *completed* AND an online waiver form *completed*!