



**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:

3 PEOPLE WHO ARE ABLE TO PICK UP THE PARTICIPANT 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 (if under the age of 18) _____

FOR OFFICE USE ONLY

Camp Date							
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*!