



2009 Summer Camps and Clinics

Registration Form (8/4/2009)

The Edge Sports Center
4450 Denrose Court
Ft. Collins, CO 80524
www.edgesportscenter.com
Phone: 970-472-0048
Fax: 970-472-0547

CANCELLATIONS: *There are no refunds for cancellations. If cancellation is made one week or more before start of session, the registration fee can be carried forward in full as a credit. Cancellations within one week of start of session, or after session has started, result in loss of registration fee.*

Sport	Session	Day	Dates	Time	Cost/ player
WEEK-LONG, FIVE DAY, SUMMER CAMPS					
Boys Lacrosse <i>Full Equipment Required</i>	Younger Boys Lacrosse Camp	M-F	8/10 - 14	11 am - 12 noon	\$35 - Gr 1 - 4
	Older Boys Lacrosse Camp	M-F	8/10 - 14	12 - 2pm	\$75 - Gr 5 - 8
	Boys Lacrosse Full Equipment Rental Fee (Helmet, Shoulder Pads, Elbow Pads, Gloves, & Stick)				\$50
Multi-Sport Day Camp	Camp V	M-F	8/10 - 14	9 am - 4 pm	\$175 Gr 1 - 6

DAILY BASEBALL INSTRUCTION

Sport	Boys	Girls	Session	Day	Dates	Time	Cost/ player
Baseball w/ FC Foxes Active Collegiate Baseball Players			Daily Hitting Instruction (Sm Grp)	M-F	5/25 - 8/21	9 - 10 am (reservations required)	\$12/session
			Private Hitting, Pitching, Fielding, ..	M-F	Thru 8/21	Time set at reservation	\$24/session

PARTICIPANT'S **FIRST** Name _____ **LAST** Name _____ **Fall '09** Grade _____

Parent or Guardian **FIRST** Name(s) _____ **LAST** Name (s) _____

Address _____ City _____ State _____ Zip code _____

Primary Phone _____ Parent or Guardian's Email Address _____

Liability Waiver: I hereby authorize the staff of The Edge Sports Center and/or the instructors of The Edge Sports Center Summer Camps to act for the participant according to their best judgment in providing or arranging for emergency circumstances requiring medical attention. In consideration of the applicant being allowed to participate in the league/clinic/camp/activity, I acknowledge that I have had the opportunity to determine the nature of the activity and the manner in which it will be conducted and/or having waived the right to obtain such knowledge, do hereby assume all risks arising from or connected with said activity and release The Edge Sports Center, LLC, the owners of the facility, and their employees and agents, from all liability of any kind or nature, whether caused in any way by negligence of the released parties or not, arising from the applicants participation in the league/clinic/camp/activity or presence on the premises

Permission to use Photographs & Video Footage: I give my permission to The Edge Sports Center, LLC to use sports action or team photographs and/or video footage of the above named player in various Edge Sports Center, LLC marketing materials including, but not limited to, brochures, flyers, DVD's, guides, and the Edge Sports Center websites. I waive any claim to monetary compensation in any form from The Edge Sports Center for this usage.

Parent/Guardian's Signature: _____ Date: _____

Edge Use: New _____ Returning _____ Customer # _____ Date paid _____ / ____ / ____ Amt Pd for THIS Activity: \$ _____
 If part of Larger Payment, indicate total payment \$ _____ HOW PAID: Cash _____ Check # _____ Visa/MC _____
 PSDN _____ PP _____ RvN _____ Rec _____ Radio _____ REF _____ FCYG _____
 LYG _____ LLT _____ Wink _____ HmSt _____ Internet _____ Event _____