



Where Families & Athletes Play

Safe, Clean & Friendly

Winter/Spring 2012 Sports Camps & Clinics

Registration Form
(2/17/2012)

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



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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	
SPORTS CLINICS						
Baseball	Small Group Hitting Instruction	Tuesdays 6 weeks	1/24 - 2/28	In progress	\$80	
		Tuesdays 4 weeks	1/24 - 2/14		\$55	
	Level III (FCBC) Camp I	Camp I is Full			Mon: 5 - 6:10 pm	
	Level III (FCBC) Pre-Tryout Camp II	Mon, Tue, & Fri - 3 days	2/20, 21, & 24	Thurs: 5 - 6:55 pm		
	Former MLB Player Lee Stevens Hitting Clinic presented by the FC Foxes	Saturday	March 3	Mon: 5 - 6:10 pm Tue: 4:15 - 5:10 pm Fri: 8 - 8:55 pm	Ages 9 - 12 as of 4/30/12 \$45	
Fastpitch Softball	FC STARS Modified Fastpitch Softball Pre-Tryout Camp	Mon, Wed, Thu, & Fri 4 days	2/27, 2/29, 3/1, & 3/2 4 days	Mon 5:15 - 6:10pm, Wed 5-6:15 pm, Thu 5 - 7 pm, & Fri: 5 - 7 pm	Ages 8 - 18: \$60	
Volleyball	Middle School Pre-Tryout Clinic	Mon - Thur 4 days	2/13 - 2/16 4 days	Mon: Over	8: \$75	

PARTICIPANT'S FIRST Name _____ LAST Name _____ **2011-12** 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: _____

FCYSG WinLnk Event REC Facebook REF PSDN Internet GYSG YSG Newsir MC Visa/MC Amt Pd for THIS Activity: \$ Check # Cash HOW PAID: Date paid / /12 Customer # Returning If part of larger payment, indicate total payment \$