



REGISTRATION FORM – SUMMER CAMPS 2012

Participant's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

School: _____

Grade Level: _____ DOB: _____ Age: _____

e-mail: _____ Want e-mail updates? Yes ___ No ___

Parent/Guardian: _____ Emergency phone: _____

Select your camp(s), \$100 each:

Camp I: LYNCHBURG, VA-- June 23-24, 2012.

Camp II: BEALETON, VA (Northern Virginia)-- June 31-July 1, 2012.

Camp III: VIRGINIA BEACH, VA-- July 14-15, 2012.

Camp IV: VIRGINIA BEACH, VA-- July 21-22, 2012.

Authorization & Medical Information:

“By signing my name below, I warrant that I am in good physical condition and able to participate in all physical activities of the Atlantic Kicking Institute program. I have no impediment or condition which would limit participation in physical activities. I know, understand, and appreciate that by participation there is a risk of injury to myself. I hereby waive, release, and forever hold harmless and agree to indemnify Atlantic Kicking, Institute, Tom Edwards individually, Bishop Sullivan Catholic High School, E.C. Glass High School, Liberty High School, and DLH Sports Complex and their respective parties and parent institutions, all volunteer staff members, sponsors, and/or employees from and all liability for injury to myself or other claims that may arise from participation in the Atlantic Kicking Institute programs. In the event of an injury, which in the judgment of the camp director, requires medical attention, and a parent or legal guardian cannot be reached at the emergency phone number indicated above, I hereby grant permission to the health care provider to provide medical care to include, not limited to, injection, anesthesia or surgery for the prior named applicant.”

Signature of Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____



The registration form must be completed, signed, and presented to Atlantic Kicking Institute before, or on, the first day of camp. Participants that do not provide this completed form will not be allowed to participate.

Payment Options:

- 1:** Bring cash/check on the first day of camp, along with completed registration form. Be sure to contact AKI at least 10 days prior to camp to reserve your space(s).
- 2:** Pay with credit/debit card online via the PAYPAL button on the main page of www.AtlanticKicking.com using the "Choose Your Attendance Date" selections at the bottom of the page. Please pay at least 10 days prior to camp to reserve your space(s). Be sure to bring your completed registration form on first day of camp, or mail it in prior to camp(s).
- 3:** Print out the Registration Form, complete it, and mail it along with your payment to the address below. Please be sure to mail it to arrive at least 10 days prior to camp OR contact AKI at least 10 days prior to camp to reserve your space(s).

Atlantic Kicking Institute
905 Old Dominion Lane
Virginia Beach, VA 23451

All payments that are mailed-in or paid online will require your contact information so that a confirmation of your payment can be sent to you.

Thank you!

Tom Edwards

(757) 581-2469

Tom@AtlanticKicking.com



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