



Registration Form

Participant Name _____

Date of Birth _____
Day/Month/Year

Position _____

Team _____

Mailing Address _____

City _____

Postal Code _____

Primary Phone Secondary Phone _____

Email (required) _____

Emergency Contact _____

Name _____

Emergency Contact Primary Phone

Please indicate camp(s) you are registering for:

Camp _____

Location _____

Please pay 100 percent of the cost before or at the time of registration deadline.

Please make checks payable to: The Edge Sports Training

Check Cash Visa MasterCard

Card # Exp. Date _____

Name as it appears on card _____

Signature _____

Note: A credit card payment will be processed at the time of registration. A credit card cannot be used as a "hold" mechanism.

All payments are nonrefundable. Any variations to payment policies are at the discretion of the director and are subject to a \$25 processing fee.

Please make a copy of this form for your records.