

SPRING BREAK CAMP

MARCH 12th – 16th

Camp Hours: 9:00a –2:00pm
Extended Hours: 2:00pm–5:00pm

Name: _____ Age: _____ Birth Date: _____ Sex: _____

Mom: _____ Dad: _____

Address: _____ City: _____ TX, Zip Code: _____

Home Phone: _____ Cell: _____

Emergency Contact: _____

Email: _____

Check days to attend below:

- | | |
|---|---|
| <input type="checkbox"/> Monday, March 12 th | <input type="checkbox"/> Extended Hours |
| <input type="checkbox"/> Tuesday March 13 th | <input type="checkbox"/> Extended Hours |
| <input type="checkbox"/> Wednesday March 14 th | <input type="checkbox"/> Extended Hours |
| <input type="checkbox"/> Thursday, March 15 th | <input type="checkbox"/> Extended Hours |
| <input type="checkbox"/> Friday, March 16 th | <input type="checkbox"/> Extended Hours |

1 Day - \$35 2 Days - \$65 3 Days - \$95 4 Days - \$120 5 Days - \$150

Extended hours is \$15.00 additional per day

I have read **Infinite Bounds' Rules & Policies** and I accept and agree with them. Furthermore, I hereby release **Infinite Bounds** and its agents or representatives of liability for any personal injury to any student arising out of participation in this program. In the event of a medical emergency, I authorize the agents of **Infinite Bounds** to use their discretion in securing proper treatment for a student as deemed necessary under the circumstances. I understand every effort will be made to contact a parent or guardian of the student under such circumstances. No refunds will be given for missed days.

Signed: _____

Date: _____

For Office Use Only:	Notes:
Date: _____ Reg By: _____	
Amount: _____ F.O.P: _____	
Amount: _____ F.O.P: _____ Date: _____	