



**2017 FAST SUMMER CAMP REGISTRATION & RELEASE FORM**

Please registration for one or more camps by placing an **X** in the box beside the selected weeks. You can also register for "Overtime" by placing an **X** in the box beside the week if needed. Payment will be processed upon receipt of this form. If you register for more than one week, we will charge you the week prior to the camp start date. You will need to pay by credit card for this option.

Check Box	Camp Week	Dates	Time	Price	Overtime \$25 Extra
	Week 1	May 25 <sup>th</sup> – May 26 <sup>th</sup>	9am – 4pm	\$50	
	Week 2	May 29 <sup>th</sup> – June 2 <sup>nd</sup>	9am – 4pm	\$125	
	Week 3	June 5 <sup>th</sup> – June 9 <sup>th</sup>	9am – 4pm	\$125	
	Week 4	June 12 <sup>th</sup> – June 16 <sup>th</sup>	9am – 4pm	\$125	
	Week 5	June 19 <sup>th</sup> – June 23 <sup>rd</sup>	9am – 4pm	\$125	
	Week 6	June 26 <sup>th</sup> – June 30 <sup>th</sup>	9am – 4pm	\$125	
	Week 7	July 10 <sup>th</sup> – July 14 <sup>th</sup>	9am – 4pm	\$125	
	Week 8	July 17 <sup>th</sup> – July 21 <sup>st</sup>	9am – 4pm	\$125	
	Week 9	July 24 <sup>th</sup> – July 28 <sup>th</sup>	9am – 4pm	\$125	
	Week 10	July 31 <sup>st</sup> – August 4 <sup>th</sup>	9am – 4pm	\$125	

Please note that there is no FAST Camp for the week of July 3<sup>rd</sup> – 7<sup>th</sup>. "Overtime" hours will be available in the mornings from 7:30am to 9:00am, and in the afternoons from 4:00pm to 6:00pm for an extra \$25 per week.

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birthdate: \_\_\_\_\_ Rising Grade \_\_\_\_\_ School Attending: \_\_\_\_\_

Allergies: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Parents Email Address: \_\_\_\_\_

Payment Method: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Visa/ MC \_\_\_\_\_ Discover \_\_\_\_\_

Amount \$ \_\_\_\_\_ Make checks payable to FAST Training

Card Number \_\_\_\_\_ Exp \_\_\_\_\_

CSC 3 Digit # \_\_\_\_\_ Signature \_\_\_\_\_

Family Info:	Last Name	First Name	Relationship to Child
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Primary Contact:	_____	_____	_____
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Phone:	_____	_____	_____
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2 <sup>nd</sup> Contact :	_____	_____	_____
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Phone:	_____	_____	_____
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Authorized Pick Up:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Parental Release & Refund Policy --- Please Read Carefully

*I hereby give approval for the participation of my child in any and all FAST Training activities and assume all risks and hazards incidents to such participation, including transportation to and from all activities. I waive, release, absolve, indemnify and agree to hold harmless FAST Training, LLC or GPT, LLC, affiliated associations, organizers, officers, coaches, parents, participants and officials from any claim arising out of injury to my child. I hereby give permission for FAST Training to obtain medical services for my child in case of medical emergency or injury. No refunds will be issued due to inability or unwillingness to attend/participate. Prorated refunds will only be considered for players when a medical/physical injury/illness, verified by a physician's written statement, precludes participation or attendance in class/practice.*

*I/We understand that NO REFUNDS will be issued other than stated above. I declare that my child or I are physically fit and have the skill level required to participate in this particular event. I also understand that my child or I may be required to leave the facility should my child or I exhibit undesirable conduct. I further grant released parties the right to photograph and/or video tape me or my child and further to use my or my child's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties are, however, under no obligation to exercise said rights herein granted.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian

Questions? Contact Chris Bettis @ [chris@fasttad.com](mailto:chris@fasttad.com) or 404.386.1017

FAST Training & Athlete Development

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