



CAMP ACTION



FUN AND FITNESS SUMMER DAY CAMP

APPLICATION FORM

NAME: _____

ADDRESS: _____

PHONE: _____

BIRTHDAY: _____

EMAIL: _____

AMOUNT PAID: _____

*Please make check payable to: The ICENTER



RELEASE FORM: MUST BE READ AND SIGNED BY PARENT OR GUARDIAN

As parent/guardian of the above named child, I hereby grant permission for him/her to participate in the activities of TOP GUN NH dba ICENTER. I hereby waive, release and forever discharge said TOP GUN NH dba ICENTER, it's officers, members, agents, representatives and employees from all claims and demands with I, my heirs, executors and administrators, and those of the above named child have or may have by reason of any personal injury or injuries, property damage or damage of the nature whatsoever resulting from the participation of the above named child in the activities of TOP GUN NH dba ICENTER and any consequences arising there from.

Parent / Guardian Signature: _____ Date: _____

