

# Ultimate Frisbee Summer Camp - Registration Form

---

Date of birth

Age

Grade in school

---

Name

School Attending

---

E-mail:

## **Emergency Information**

**Contact Name:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

*I give my permission for \_\_\_\_\_ to participate in the 78704 Ultimate Summer Camp. Summer, Ultimate! camp will meet for from 9am-noon, for players entering 3<sup>rd</sup> through 5<sup>th</sup> grades. We will be provide a mid-morning snack, and dismiss before lunch. Middle School players will meet from 10am-3pm. Players entering grades 6-8 should bring a sack lunch, a refillable water bottle, and a swimsuit and towel. Appropriate footwear is required (tie shoes).*

*Session I June 8 -12, 2009 or Session II August 10-14, 2009.  
Travis Heights Playground      Barton Hills Playground  
(please circle a session where the dates fit your schedule)*

*I understand that Texas, Ultimate! does not provide accident and hospitalization insurance, and there is some inherent risk or danger in participating in Ultimate activities. I do not hold Texas, Ultimate! liable for accident or injury resulting from participation. Further, I give Texas, Ultimate! permission to use my child's image in it's promotional materials including, but not limited to, brochures, ads, and website. I understand my child's name will never be used in conjunction with their image.*

*Cost per session is \$100 per player. Drop-ins will be accepted for a \$20 daily fee.  
**Checks may be made payable to TEXAS, Ultimate!***

*Mail completed registration and payment to: Texas, Ultimate! PO Box 3567 Austin, TX 78764-3567*

---

*Signature of Parent/Guardian*

*Date*