

MARDI GRAS CAMP

F FUN: Enjoying social interaction and exercising with others

"Move as you are!"

Member Registration Form*

Please fill out completely and return to PAC Concierge

CHILD'S NAME _____ D.O.B. _____ GENDER _____

THE CONTACT INFORMATION (BELOW) WILL ALSO BE USED AS THE EMERGENCY CONTACT UNLESS OTHERWISE SPECIFIED.

PARENT/GUARDIAN'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBERS: (CIRCLE BEST)

HOME _____ WORK _____ CELL _____

EMAIL _____

MEDICAL CONDITIONS

ALLERGIES

_____	_____
_____	_____
_____	_____

PERMISSION TO ORDER FROM THE GRILL: (CIRCLE)

YES

NO

I accept full responsibility for my use of any and all apparatus, appliances, facility privilege or service whatsoever, owned and operated by this club, directors, officers, employees, representatives and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred by myself, my family or others under my supervision or control resulting therefrom. In addition, I agree that the above information is accurate and complete. I also understand and acknowledge that photos /video may be taken for publicity/marketing purposes and give my authorization for any and all photos or video footage of myself, or of my minor child, to be used in this fashion.

SIGNATURE _____ DATE _____

Information below is to be filled out by PAC Concierge ONLY.

*THIS REGISTRATION FORM IS FOR MEMBERS ONLY - ALL NONMEMBERS MUST REGISTER THROUGH MEMBERSHIP SERVICES

PROGRAM INFORMATION: MEMBERS ONLY*

_____ MONDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY	@ \$48 (each day)	CODE 15117
_____ EXTENDED CARE (First Child)	@ \$11 (per hour)	CODE 20201
_____ EXTENDED CARE (Additional Sibling)	@ \$1 (per hour)	CODE 20202

PAYMENT INFORMATION: MEMBERS ONLY*

Amount Due: _____ Amount Paid: _____ Method of Payment: CHECK, CREDIT CARD, CASH Ck #: _____

Payment Accepted By: _____ Date: _____

Revised 02/12