

JR. JAMMERS AND JR. SLAMMERS REGISTRATION FORM 2002

Name: _____ Birthdate: ____/____/____ ☐ M ☐ F

Address: _____ City/State/Zip: _____

T-shirt Size: ☐ Adult Small ☐ Adult Medium ☐ Adult Large
☐ Youth Large ☐ Youth Medium

Parent/Guardian: _____ Phone (day): (____) ____ - ____ (eve): (____) ____ - ____

Age First Day of Camp: _____ Fitness ID# : _____

A non-refundable \$25 camp deposit must accompany application. The balance is due the first day of camp.

Please register me for: ☐ June 17-21 ☐ August 12-16

Make checks payable and mail to: Family First Sports Park Corp. 8155 Oliver Road Erie, PA 16509.

Please Charge my: ☐ Visa® ☐ MasterCard® ☐ American Express® ☐ Discover®

Account # : _____ Bank # : _____ Card Exp. Date: ____/____/____ Amount Charged: \$ _____

Disclaimer: I hereby release Family First Sports Park Corp., from any and all claims of liability of any kind of personal injury and property damage due to participation in this camp. If any attention is required for illness or injury, I give my permission to any staff member for such care. I certify that my child is in good health and able to participate in all activities. Any pictures and/or video taken during camp may be used at the discretion of the FFSP Corp.



McDonald's

Parent/Guardian Signature

____/____/____
Date

**For more Information, contact the Family First Sports Park at
(814) 866-5425 or 1-888-8GO-PARK.**

