



sport psychology consulting performance enhancement through mental strength

PLAYER'S NAME _____
 AGE _____ DATE OF BIRTH _____ GENDER (M / F) _____

PARENT NAME(S) _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 HOME PHONE _____
 CELL PHONE(S) _____
 EMAIL(S) _____

EMERGENCY CONTACT NAME _____
 EMERGENCY CONTACT PHONE _____

INSURANCE PROVIDER _____
 POLICY NUMBER _____

SCHOOL/GRADE IN FALL _____
 FRIENDS AT CAMP _____
 T-SHIRT SIZE _____

PAYMENT
 CIRCLE EACH APPLICABLE AND WRITE THE AMOUNT HERE:
 JULY 26-30 (HALF DAY - \$125 / FULL DAY - \$175) _____
 AFTER CARE (\$10/DAY) M / T / W / Th / F / TOTAL _____
 AUGUST 16-20 (HALF DAY - \$125 / FULL DAY - \$175) _____
 AFTER CARE (\$10/DAY) M / T / W / Th / F / TOTAL _____
DISCOUNTS
 (\$10 OFF IF ATTENDING BOTH WEEKS) _____
 (\$10 OFF SIBLING DISCOUNT) _____

METHOD – CIRCLE ONE: (PAYPAL / CHECK / CASH) TOTAL _____
 (*IF PAYING BY PAYPAL, PLEASE ADD PAYPAL'S 3% FEE)

MY SON/DAUGHTER HAS MEDICAL CLEARANCE TO PARTICIPATE IN VIGOROUS PHYSICAL ACTIVITY, AND IS FULLY COVERED WITH MEDICAL AND HOSPITALIZATION INSURANCE. FURTHERMORE, I RELEASE BRIAN AND BAXTERSPTS FROM ANY AND ALL LIABILITY. SIGNATURE: _____

CANCELLATION POLICY: CANCELLATIONS MADE PRIOR TO TWO WEEKS BEFORE THE START OF A SESSION WILL BE ASSESSED A \$40 CANCELLATION FEE.



PLEASE RETURN FORM AND PAYMENT TO: 3119 SE 57TH AVE
 PORTLAND, OR 97206