

# LAZER

The Ultimate Laser Tag!

# KRAZE

And Trampoline Park

# Lazer Camp!

Winter Break

2014

December 29<sup>th</sup> & 30<sup>th</sup>

Mason, OH

## Have a BLAST This Winter Break!

**Teamwork:** Campers ages 7-12 will sharpen their teamwork skills with unlimited laser tag in our space station arena

**Exercise:** Stay off the sofa at least part of the holiday break! Get the ultimate in exercise with two 30 minute jump sessions each day on the Indoor Trampoline Park.

**Leadership:** While having great fun campers will be working with each other in a program that is designed to increase leadership, social and team skills.

**Pizza & Pop Lunch:** included each day plus mega amounts video games!

(Campers may also bring their own lunch)



**Camp Fee per Session:**

\$70 by December 22<sup>nd</sup>

\$80 after December 22<sup>nd</sup>

**Daily 10am-3pm**

\$5 off on each additional sibling

Advance Registration Required to ensure availability

7082 Columbia Rd

(513)339-1030

[www.LazerKraze.com](http://www.LazerKraze.com)

The Ultimate Laser Tag!

# Camper Registration- Mason, OH

Mail to: 7082 Columbia Rd, Maineville, OH 45039

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Registration Fee \$80 Session: \_\_\_\_\_

\$10 Discount if received >1 week prior to camp \_\_\_\_\_  
Total Due \_\_\_\_\_

Note: Any camper not picked up each day by 3:15pm will be charged an additional \$10 for each additional portion of 15 minutes.

Parent or Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## Emergency Contact Information:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Doctor Information

Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

## Dentist Information

Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

1. List any allergies and any special precautions and treatment indicated for these allergies:

\_\_\_\_\_

2. List all medications, food supplements, modified diets or fluoride supplements currently being administered:

\_\_\_\_\_

3. List any chronic physical problems and any history of hospitalization:

\_\_\_\_\_

4. List any other medical concerns that you feel should be brought to the camping staff's attention:

\_\_\_\_\_

## AUTHORIZATION FOR TREATMENT:

I hereby give my permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, treatment, and necessary transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child as named. The health history is correct so far as I know, and the person herein described has my permission to engage in all camp activities, except as noted.

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**A waiver is required to participate in camp and jump in the indoor trampoline park. No one will be allowed on the trampolines unless they have a validated waiver completed and signed by their own parent of legal guardian.** Please utilize our online waiver system and also please print out and include a waiver with your camp registration form if this is the first time you've completed the waiver.

Participants should wear gym type clothing and rubber sole tennis shoes.

By enrolling your child in camp you agree and consent to the use of your child's photographs and digital images for express use in promoting Lazer Kraze Inc., Lazer Kraze KY Inc. and/or Lazer Kraze 3.0 Inc. in the media and promotional brochures. I hereby do waive and release any and all claims for any and all payments, emoluments, disbursements, and consideration of any kind whatsoever, on behalf of my child, successors, assigns, and agree to hold harmless Lazer Kraze Inc. and its shareholders from any and all claims, causes of action, and liability whatsoever resulting from the use of such photographs, and digital images in promoting Lazer Kraze Inc.

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_