

# LAZER

The Ultimate Laser Tag!

# KRAZE

# LAZER CAMP

Spring Break

2010

April 13-15th  
Erlanger, KY

Have a **BLAST** This Springbreak!



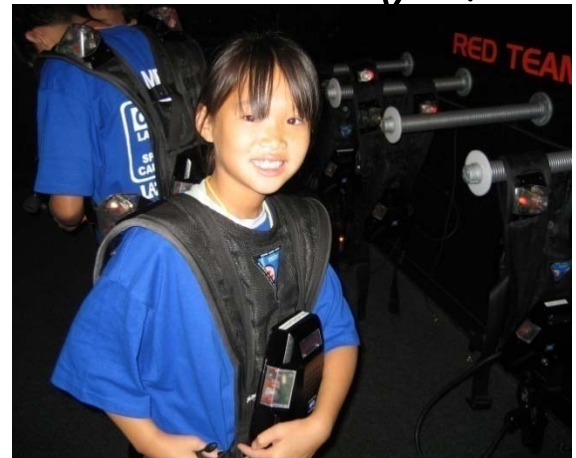
**Teamwork:** Campers ages 7-12 will sharpen their teamwork skills with unlimited laser tag in our space station arena

**Exercise:** Stay off the sofa at least part of the holiday break! Get the ultimate in exercise on a 20' Slide, Obstacle Course and Jousting Ring in the "Zero Gravity" Inflatable Room.

**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 unlimited video games!

(Campers may also bring their own lunch)



**MAKES A GREAT GIFT!**

**Camp Fee per Session:**

\$89 by April 9th

\$99 after April 9th

**Daily 10am-3pm**

\$5 off on each additional sibling

Advance Registration Required to ensure availability



1335 Donaldson Rd, Erlanger  
(859)371-KRAZ  
[www.LazerKraze.com](http://www.LazerKraze.com)  
The Ultimate Laser Tag!

# Camper Registration- Erlanger, KY

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

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

Registration Fee \$89 Session: \_\_\_\_\_

\$10 Addtl Fee if form received after April 9th \_\_\_\_\_

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 \_\_\_\_\_

## Camper Waiver and Release

This is a legally binding agreement. By signing below you acknowledge you have read and understood all terms and conditions listed below, and agree to abide by them. You also surrender the right to seek compensation or bring legal action against Lazer Kraze KY Inc. for ANY AND ALL injuries to your child's person and/or property resulting from your child's participation in Lazer Kraze Camp.

PHOTOGRAPHS: Lazer Kraze retains the right to use any photographs of camp participants during camp for current or future promotional purposes without any further permission or dues owed. All rights to these images are property of Lazer Kraze KY Inc.

ACKNOWLEDGEMENT OF RISK: I hereby acknowledge and agree that participating in activities during Lazer Kraze Camp has inherent risks. These risks may arise from foreseen or unforeseen causes. I certify that I have knowledge of the nature and extent of all risks associated with the Lazer Kraze Camp, including but not limited to:

Injuries resulting from participation in camp activities

Injuries resulting from physical exertion or failure of equipment associated with Lazer Kraze Camp

Catastrophic injuries (such as paralysis or death)

Injuries due to allergic reactions, shock, stings, or ingestion of harmful substances

I also acknowledge that I am responsible for any injury resulting from a failure to disclose a medical condition to the Lazer Kraze Camp staff by listing it in the space provided on this form.

Parent/Guardian Release: I, as the acting legal guardian of \_\_\_\_\_, choose to allow the named child to participate in the activities of Lazer Kraze Camp, in spite of the above named and any other unnamed risks inherent to these activities. I do so having read, understood, and agreed to the above listed terms and conditions in full, and having done so assume responsibility for the wellbeing of the child named above with a full understanding of the risks involved. I also agree to abide by all the rules and guidelines of Lazer Kraze Camp.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_