

LAZER

The Ultimate Laser Tag!

KRAZE

And Trampoline Park

Lazer Camp!

Summer 2019

Session 1: 6/5-6/7

Session 2: 7/29-7/31

Have a BLAST This Summer 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 summer 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: \$139

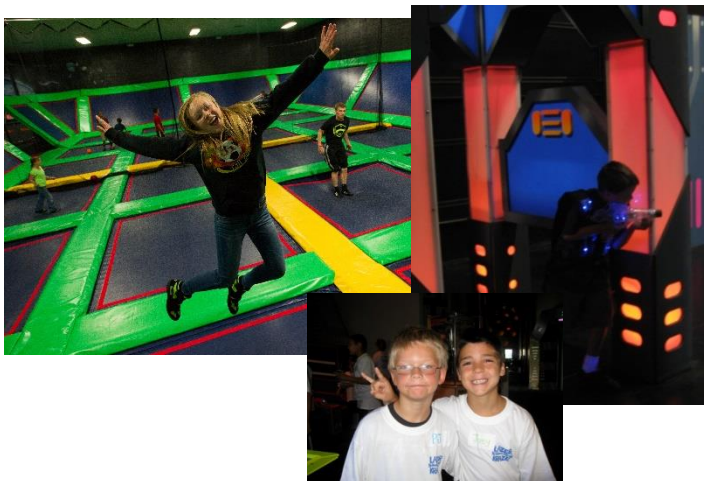
Discounted Camp Fee if register at least 1 week before Camp \$119

Daily 10am-3pm

\$10 off on each additional sibling
Advance Registration Required to ensure availability

**7082 Columbia Rd
(513) 339-1030**

**www.LazerKraze.com
The Ultimate Laser Tag!**



Camper Registration- Mason, OH

Call 513-339-1030 to Register!

Mail Form to: 7082 Columbia Rd, Maineville, OH 45039

-or- E-Mail Form to: Parties@LazerKraze.com

Camper Name _____ Age _____ Date of Birth _____

Home Address _____ City, State, Zip _____

Session 1: June 5-7 _____

Session II: July 29-31 _____

Registration Fee \$139 per session

\$139

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

Discount \$20 if form received 1 week prior to camp

Shirt Size: YM YL AS AM AL XL

_____ Total Due

***Before participating in camp activities, campers must have a waiver completed by their own parent. Go to www.LazerKraze.com/masonoh/lk1activities.asp prior to the first day of camp and complete the waiver process.**

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 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.

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, Lazer Kraze Inc., Lazer Kraze 4.0 Inc., and Lazer Kraze 3.0 Inc. .

Parent signature

Date