

LAZER Family Fun Center KRAZE

Lazer Camp!

Winter 2017

Dec. 27th & 28th

This Camp is 'Out of This World!'

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

Exercise: Get the ultimate in exercise on our NEW trampoline park. We will have them bouncing off the walls!

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

(Campers may also bring their own lunch)

Plus video arcade games

Also includes Lazer Kraze water bottle.



**Have a BLAST this
Holiday Season!**

Camp Fee per Session:

\$69 if paid by Dec 20th

\$89 if paid after Dec 20th

\$5 off on each additional sibling

Daily 10am-3pm

Advance Registration Required to ensure availability

7082 Columbia Rd, Mason

(513) 339-1030

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 \$69 _____ Dec 27th & 28th 2017

\$20 Additional Fee if form received after 1 week prior 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.

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

Parent signature

Date