

**Fuzion Athletics
Track Camps**

2011/2012

Attendee Information			
Attendee Last Name:	First Name:	Middle	Weight:
Address:	City:	State:	Zip:
Brith Date:	Age:	Male or Female	
Current School Name:	Year in School:	Coach:	Times and events
Contact Number (Home):	T-Shirt Size: S M L XL XXL		
Email(s) for Upcoming Events and Contacting Attendee:			
Attendee Cell Phone Number (for contact by text or calls):			
Any Medical Conditions (asthma, allergies, ect.):			
Insurance Information			
Do you have INS? Yes No	Providers Name:	Group Number:	Copay:
Emergency Contact Information			
Name of Friend/Family Member(s):	Contact Number(s):	Relationship to Attendee:	
Session Information... X the sessions you want			
How Many Months - 5 - 4 - 3 - 2 - 1 - What Months - Oct - Nov - Dec - Jan - Feb -			
HowMany Days - 1 - 2 - 3		What Days - Sunday - Monday - Tuesday -Wednesday Fridays - Saturday	
What Event: _____		What Time slot- A - B - C - D - E	
Speed Training: add on (how many dates _____): Mondays - Tuesdays, Thursday			
Time: 4pm or 7pm		*Please make sure you get payment info from the pricing sheets:	
Sign and Date:			
_____		_____	
<i>Attendee Signature / Parent or Guardian (if under 18 years old)</i>		Date	

If we cant get one of your session met, we will contact you.

Make Check to :
Fuzion Athletics, INC
or
Pay Online on our website (for a fee of \$10.00)
Print and sign wavier and attach them

Mail to :
Fuzion Athletics: Accounts Payable
1401 W. 143rd Street # 322
Burnsville MN 55306

