

SPORTS MANIA

PO Box 135 Charlton, MA 01507

www.maniacamps.com

Youth Application

Name: _____ Grade in Sept: _____

Address: _____ Phone: _____

Town: _____ State: _____ Zip: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Email: _____

Any medical conditions that the staff should be aware of: _____

Questions: Call – Bill Martin @ 508-648-4382 or email – bill@maniacamps.com

1st Clinic:	Location:	Sport:
	Date:	Time:
		Fee:
2nd Clinic:	Location:	Sport:
	Date:	Time:
		Fee:

Enclosed Amount: \$ _____ Please make checks payable to Sports Mania.

(Please send application and check to the address above)

I understand and accept the conditions that Sports Mania and its staff cannot be held responsible for any accidents, medical or dental expenses incurred as a result of my child's participation in the above stated clinic(s). I state that the participant is in good health and is up to date on all necessary immunizations as determined by the state health department. The participant has been seen by a physician and is able to participate in physical activity. I also give my permission for the participant to take part in the Sports Mania Clinics.

Parent / Guardian Signature: _____ Date: _____