



BASKETBALL CAMP REGISTRATION FORM

Please Complete One Form Per Child

Mail Registration Forms to: Peak Health & Wellness Center, ATTN: Shanda Leritz
1800 Benefis Court, Great Falls, MT 59405

July 17-18, 2023

Grades K - 2nd

_____ 10:00 AM - 12:00 PM

Grades 3rd - 5th

_____ 1:00 PM - 3:00 PM

Grades 6th - 8th

_____ 4:00 PM - 6:00 PM

*Phone registrations will be allowed with credit card payment for registration fee. Call Shanda or the Service Desk at 406.727.7325. You can also email shanda@peakgreatfalls.com.

*Registration forms will not be accepted without fees paid.

CHILD'S NAME _____

GRADE (ENTERING IN FALL) _____

PARENT NAME(S) _____

ADDRESS _____

PHONE _____

EMAIL _____

EMERGENCY CONTACT & PHONE NUMBER _____

I, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Peak, or their respective agents, and any facility used for this camp, for any and all injuries which may be suffered by my child in connection with their involvement in this camp.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Method of Payment: Cash Check Credit Card

CREDIT CARD # _____

EXP. DATE _____

CVV _____