



2022 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

MONDAYS JUNE 6, 13, 20 & 27

Check Category:

Grades K-2nd (1:00-2:00 PM)

Registration Fee:

Members (\$80)

Non-Members (\$95)

Grades 3rd-5th (2:30-4:00 PM)

Registration Fee:

Members (\$100)

Non-Members (\$115)

Grades 6th-8th (4:30-6:00 PM)

Registration Fee:

Members (\$100)

Non-Members (\$115)

Check T-Shirt Size:

Youth Sm Md Lg Xl

Adult Sm Md Lg Xl

• 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 fee.**

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 _____

SIGNATURE _____