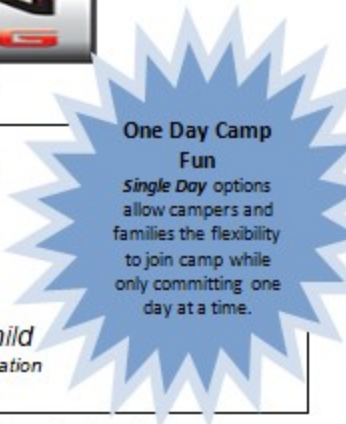




WINTER DAY CAMP

Day Camp will run the weeks of
December 31st-January 3rd- Cost \$135
January 7th-January 11th Cost \$155
9:00am-1:00pm
Ages 7 and Up

*Multiple child discount \$20 off per child
(applies only to week long camp)-Must of minimum participation
Please send your child with a bagged lunch*



----- Please enclose check payable to Invasion Laser Tag or book online at invasionlasertag.com -----

Participant Name _____ Birth date _____

Participant Name _____ Birth date _____

Address _____
Street City State Zip

Contact Name _____ Contact# _____ email _____

Person's authorized to pick up your child or to be notified in case of an emergency (other than parents). Photo identification will be required at the pick-up time. Your child will only be allowed to leave camp with those persons listed below:

| Name | Relationship (To child) | Phone # | Cell # |
|----------|-------------------------|---------|--------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |

Please list any health issue, allergies, habits or other considerations that staff should be aware of:

* May your child have his/her picture taken by the staff during the program? YES NO
CONSENT FOR TREATMENT: (PLEASE ENTER YOUR CHILD'S NAME ON THE LINE)

THIS CONSENT WILL BE VALID BETWEEN DEC 31st and JANUARY 11th 2019, OR UNTIL RESCINDED IN WRITING BY THE PARENT OR GUARDIAN. IN A MEDICAL EMERGENCY, I GIVE PARENTAL CONSENT FOR INVASION LASER TAG TO TAKE MY CHILD _____ TO THE NEAREST HOSPITAL OR MEDICAL CLINIC TO RECEIVE NECESSARY MEDICAL ATTENTION, IF INVASION LASERTAG IS UNABLE TO CONTACT THE PARENT OR GUARDIAN.

PARENT SIGNATURE _____ DATE _____

By signing below I give permission for Invasion Laser Tag and its staff to take a Walking Field Trip to Area Parks.

PARENT SIGNATURE _____ DATE _____

Mail registration to 1290 West San Marcos Blvd., Suite 101 San Marcos, CA 92078 or visit our website at www.invasionlasertag.com or call 760-571-9191.