

YOUTH ATHLETIC DEVELOPMENT CAMP®
Y.A.D.C. SUMMER 2012

Registration form:

Name: _____

Address: _____

Postal Code: _____

Phone: _____

Age: _____

Gender: M _____ F _____

Sport(s) involved in: _____

Starting Date: _____

Finish Date: _____

Dates to be missed (if any): _____

Parents/Guardians signature: _____

Emergency Contact Information:

Name _____ Phone# _____

Note: Your son/daughter will benefit from the Youth Athletic Development Camp by coming at least 3 times a week.