



Please print out this form, complete it and mail it to the following address:

Peak Performance Camp
 3 Belcher St.
 Newburyport Ma
 01950

Checks Payable to Peak Performance

Name:	Age:
Address:	T-shirt size:
Phone:	Email:
Sports Played:	
Injuries:	
Allergies:	
Primary Care Physician:	
Primary Care Physician Phone Number:	
Emergency Contact:	Phone:

Please select the camp, amount of weeks, and time slot you wish to attend!

<p>Summer 2022 July 6 - Aug 12 Monday, Wednesday, Friday</p> <p>All sessions will be held on NHS turf. There may be a few days the times will change. These changes will be sent via email and twitter. You can follow Peak on twitter @jasonbeauparla1</p>	<p><input type="radio"/> 8:30 to 9:30am (female only grades 8-college)</p> <p><input type="radio"/> 9:30 to 10:30am (male only grades 8-college)</p> <p>Note* - weeks may be split up if necessary</p> <p>Note- the web site has changed to www.peakperformancecamp.weebly.com</p>	<p><input type="radio"/> \$250 for 4 weeks - Individual <input type="radio"/> \$450 for 4 weeks</p> <p>(Family 2-pack) Save 10%</p> <p><input type="radio"/> \$350 for 6 weeks - individual <input type="radio"/> \$630 for 6 weeks</p> <p>(Family 2 - pack) Save 10%</p> <p>Any questions please email me at jason@peakperformancecamp.net</p>
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GENERAL LIABILITY RELEASE:
 I understand and accept that neither the Peak Performance Camp nor anyone associated with the Peak Performance Camp, will assume responsibility for accidents or medical expenses incurred as a result of participation in any of our camps. I also give consent to medical treatment by a medical professional in the event of an emergency and the parent/guardian could not be reached.

SIGNATURE: _____

For more information please visit www.peakperformancecamp.weebly.com

