



# Apex Athletic Sports Camp Application Form

Camp/Event Name \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

How did you hear about Apex Athletic Performance Sports Camp?  
(please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Website       | <input type="checkbox"/> Outside Advertising (sign/banner) |
| <input type="checkbox"/> School Flyer  | <input type="checkbox"/> Repeat Camp Participant           |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Team Coach                        |
| <input type="checkbox"/> Print Media   | <input type="checkbox"/> Other: _____                      |

## Student Athlete Information

Name \_\_\_\_\_

Sex  Female  Male

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_

Grade level child will be in next year ('12-'13) \_\_\_\_\_

## Athletic Ability

Strong  Intermediate  Novice

Describe any social, emotional, or physical needs your child may have.  
Include allergies or medical concerns.

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Advertised Cost of Camp \_\_\_\_\_

## Family Contact Information

### Mother's Information

First Name

Last Name

Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

Email Address\*

### Father's Information

(leave blank where same as Mother's info)

First Name

Last Name

Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

Email Address\*

\*Camp confirmations, reminders, notices, etc. will be sent to these email addresses.

Number(s) for Text Message Alerts (weather considerations) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

Please mail both **application and the Waiver of Liability form** (also available on our website), both fully completed, along with a check payable to:

**Apex Athletic Performance, 251 Highland, Adell, WI 53001**

Please contact us if you would like to pay via Paypal or with Credit Card.