

ATX Youth Wakeboard Club

Spring Break Camp 2017

March 13-17, 2017

Participant Name: _____

Date of Birth: ____/____/____ Age: _____ Gender: M / F

Address: _____

Parent/Guardian 1 Name: _____

Phone Number: (Mobile) _____ (Alternate) _____

Email Address: _____

Parent/Guardian 2 Name: _____

Phone Number: (Mobile) _____ (Alternate) _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Allergies or Medical Conditions:

Wakeboarding Experience (Circle One): First Time Occasional Regular

Do you have your own equipment? (Circle One) Yes No

Wakeboarding Goals (optional): _____

Cost: \$300

Payment: Cash _____ Check _____