

PAINTBALL CAMP REGISTRATION FORM 2022

PLAYERS INFORMATION:

NAME: _____ DATE OF BIRTH: _____

NICKNAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____

PARENT/GUARDIAN NAMES & PHONE NUMBERS:

THESE WILL BE THE NUMBERS WE TEXT IN CASE OF CANCELLATION

1.

2.

EMERGENCY CONTACT: (OTHER THEN PARENT/GUARDIAN)

1.NAME: _____ PHONE #: _____

RELATIONSHIP: _____

2.NAME: _____ PHONE #: _____

RELATIONSHIP: _____

LIST ALL PEOPLE WHO WILL BE PICKING YOUR CHILD UP

(OTHER THEN PARENTS)

NAME/PHONE #/RELATIONSHIP

1.HAS YOUR CHILD PLAYED PAINTBALL BEFORE?

2.DOES YOUR CHILD HAVE HIS OWN EQUIPMENT?

3.ANYTHING WE SHOULD WATCH FOR OR BE CONCERNED ABOUT WHILE AT CAMP? *EX: ALLERGIES TO BEES OR FOOD, DIABETES, ETC*

4. WHAT IS YOUR CHILD LOOKING FORWARD TO MOST AT PAINTBALL CAMP?

- **ALL PLAYERS MUST BE PRE-REGISTERED IN ORDER TO ATTEND PAINTBALL CAMP. WHETHER DOING A FULL WEEK OR DROP IN.**
- **\$65 DEPOSIT IS REQUIRED TO HOLD YOUR CHILDS SPOT.**
- **REGISTRATION FORM AND WAIVER ARE DUE 1 WEEK PRIOR TO THE START OF CAMP.**
- **BALANCE WILL BE DUE ON THE FIRST DAY OF CAMP.**



We try to take pictures of the players throughout the week.



Pictures will be posted to our Facebook page. [Facebook.com/msgpaintball](https://www.facebook.com/msgpaintball)

To hold your child's spot for the 2022 Paintball Camp, please complete this form and return to MSG with your \$65 deposit. Balance will be due on the first day of camp.

PLAYER NAME: _____

PHONE # _____

EMAIL: _____

WHICH WEEK WILL YOUR CHILD BE ATTENDING?

PLEASE CIRCLE WHICH SESSION YOU WOULD LIKE

SESSION 1 OR SESSION 2 \$365 PER SESSION

SESSION 1 = JULY 11-15

SESSION 2 = AUGUST 1-5

NEW FOR 2022 DROP IN: \$80 PER DAY M T W TH F

MAIL PAYMENT TO: MSG Paintball

1934 Route 211 East

Middletown, NY 10941

Credit Card: # _____ Exp: _____

CVC: _____ Billing Zip Code: _____

Amount to be Charged: \$ _____

X: _____

Cardholders Signature