PAINTBALL CAMP REGISTRATION FORM 2021

PLAYERS INFORMATION: NAME: ______DATE OF BIRTH: _____ STREET ADDRESS: CITY: _____ ZIP CODE: _____ PHONE #: PARENT/GUARDIAN NAMES & PHONE NUMBERS: EMERGENCY CONTACT: (OTHER THEN PARENT/GUARDIAN) 1.NAME: PHONE #: RELATIONSHIP: 2.NAME: _____PHONE #: ____ RELATIONSHIP: _____ LIST ALL PEOPLE WHO WILL BE PICKING YOUR CHILD UP 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, DIABETES, ETC.
- 4. WHAT IS YOUR CHILD LOOKING FORWARD TO MOST AT PAINTBALL CAMP?
- 5. WHICH WEEK WILL YOUR CHILD BE ATTENDING? SESSION 1 OR SESSION 2
 SESSION 1 = JULY 19-23 SESSION 2 = AUGUST 2-6

We try to take pictures of the players throughout the week. Pictures will be posted to our Facebook page.

Facebook.com/msgpaintball

