

# Registration Form

## NDHS Summer Camp 2018

Camper Name: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Backup Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

T-Shirt Size: S M L XL (Adult Sizes)

Any Allergies: \_\_\_\_\_

I the undersigned, hereby agree that I will not hold New Dimensions High School or the New Dimensions High School Coaching staff liable in the event of injury to my child. It is further understood that if an accident occurs, the parents primary insurance will provide the necessary care.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Space is limited, Please register early**

**Make Checks Payable and sent to:**

**New Dimensions Summer Camp  
C/O New Dimensions High School  
4900 Old Pleasant Hill Rd  
Kissimmee FL 34759**

