

GENERAL INTAKE FORM

ATHLETE INFORMATION

Name _____

Email Address _____

Home Phone _____ Mobile _____

Home Address _____

City/Zip _____

School _____ Grade _____ DOB _____

Height _____ Weight _____ Age _____ Shirt Size (Adult) S M L XL XXL

How did you hear about us? (Please Circle One) Flyer Friend Coach Web Other

PARENT INFORMATION

#1 Name _____ Mobile: _____

#1 E-mail _____

#2 Name _____ Mobile: _____

#2 E-mail _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone: _____

Insurance Name _____ Policy # _____

Physician's Name _____ Office # _____

Office Use Only
Payment Type: CC C CH / Amount:
Type: CC#
Exp / 3 CVC

If paying by credit card, Please sign below to authorize a Kinetix Team member to charge your credit card for the above amount. _____ Date _____

Please understand this camp is non-refundable and Non-transferable. Thank you for your cooperation.