



## MAIL-IN REGISTRATION

For payment by Check, please print, complete and mail this form along with your check to:

**Mase Training**  
**21580 Atlantic Blvd., Suite 110**  
**Sterling, VA 20166**

### BASIC INFORMATION

Camper's Name: \_\_\_\_\_

Activity (see website Schedule): \_\_\_\_\_

Camp/Clinic Location (see website Schedule): \_\_\_\_\_

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

Your City: \_\_\_\_\_ Your State: \_\_\_\_\_ Your Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Gender: Male | Female (circle one) Age at time of camp: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Team/Group Name (if applicable): \_\_\_\_\_

### MOTHERS INFORMATION

Mother's Name: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

### FATHERS INFORMATION

Father's Name: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

### VOLUNTEERISM

- YES, please contact me regarding volunteering.

### INSURANCE INFORMATION

Medical Insurance (select one of the following)

- I DO NOT have medical insurance that covers my child and I agree to be fully liable for any and all medical costs incurred for treatment.
- I DO have medical insurance for my child and I agree to be responsible for all costs that my medical insurance does not cover (complete below)

Camper's Primary Insurance Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

PPO/PPN/HMO: \_\_\_\_\_ Effective Date of Coverage: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**RELEASE-INDEMNIFICATION-DISCLAIMER-AUTHORIZATION:** I have read and I fully accept the terms and conditions described in the Performance Camp brochure (including the cancellation and refund policy for the camp). I understand that M.A.S.E. TRAINING, LLC and the camp staff will do everything in their power to avoid any injury to all campers. I understand that a staff of certified athletic trainers will be on duty throughout the day during the duration of the camp. I am fully aware that activities customarily included in Performance Camps may involve risk of injury/illness. In return for my child ("Participant") being allowed to participate in the Camp, I release and agree not to sue any of the players at the camp, the team, the high school and their employees, M.A.S.E. TRAINING, LLC and their employees, sub-contractors, sponsors, agents and affiliates from all present and future claims that may be made by the Participant or me, my family, estate, heirs or assigns for property damage, personal injury or wrongful death arising as a result of the Participant's participation in the Camp and caused by the ordinary negligence of the parties listed above, wherever, whenever or however the same occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the Camp, even if caused by their ordinary negligence. I understand that participation in the Camp involves certain risks, including, but not limited to serious injury. I am voluntarily allowing Participant to participate in the Camp with knowledge of the danger involved and agree to accept all risks of such participation. I certify that the Participant is in excellent physical health and may participate in strenuous physical activities. Permission is granted for Participant to receive emergency medical treatment, if needed. I also agree to release, indemnify and hold harmless those listed above for all claims arising out of Participant's participation in the Camp and all related activities. I agree to let the parties use Participant's name and likeness free of charge in any manner any for any purpose without compensation to me or Participant. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Camp is taking place and agree that if any portion of the Agreement is invalid, the remainder will continue in full legal force and effect. I further agree that any legal proceedings related to this will take place in Fairfax, Virginia. I also understand that M.A.S.E. TRAINING, LLC does not carry medical insurance of any kind for the Camp. I am the parent or legal guardian of the Participant. I am of legal age and am freely signing this Agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies. I represent that I am a parent/legal guardian of the child named above and I agree that the terms of this release are binding on me and the Participant.

**REFUND POLICY:** Refunds are available up to 90 days prior to the start of the camp for which your child is registered. Refunds before the 90-day deadline will be assessed a 15% administrative fee. There are no refunds given within the 90-days prior to the start of camp for which your child is registered-No exceptions. No deductions or discounts will be given if you arrive late and/or leave early-No exceptions.

**I ACCEPT THESE TERMS (\*required)**

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

\_\_\_\_\_  
Date