

LAZER

The Ultimate Laser Tag!

KRAZE

**Summer
Camp**
Aug 7-9
10am-3pm each day

This Camp is 'Out of This World!'

Teamwork: Campers ages 7-12 will sharpen their teamwork skills with tons of laser tag in our space station arena.

Exercise: Get the ultimate in exercise on the 20' Monster slide, Obstacle Course and Jousting Ring in the "Zero Gravity" Inflatable Room. For the hi-tech kid, laser tag is the coolest way to exercise ever!

Leadership: While having great fun, campers will be working with each other in a program that is designed to increase leadership, social and team skills.

Pizza & Pop Lunch: Included each day plus mega amounts of video games! Also includes camp t-shirt and water bottle.

(Campers may also bring their own lunch)



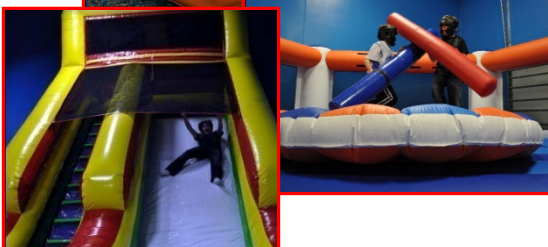
**Have a BLAST this
Summer!**

Camp Fee \$139
Discounted Registration
fee if received one week in
advance – Just \$119
Daily 10am-3pm

\$10 off on each additional sibling

Advance Registration Required to ensure availability

**459 Orange Point Dr,
Lewis Center, OH
740-548-7788
www.LazerKraze.com
The Ultimate Laser Tag!**



Camper Registration- Lewis Center, OH

Mail to: 459 Orange Point Dr, Ste B, Lewis Center OH 43035

Camper Name _____ Age _____ Date of Birth _____

Home Address _____ City, State, Zip _____

Registration Fee \$139 per session _____

Discount if form received by July 30, 2018 _____

Note: Any camper not picked up each day by 3:15pm will be charged an additional \$10 for each additional portion of 15 minutes.

Shirt Size needed YM YL AS AM AL XL Total Due _____

***Before participating in camp activities, campers must have an electronic waiver completed by their own parent. See www.lazerkraze.com/columbusoh/lk3activities.asp for the required waiver.**

Parent or Guardian Name _____ Work Phone _____

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact Information:

Name _____ Phone _____

Name _____ Phone _____

Doctor Information

Name _____ Address _____

City, State, Zip _____ Phone _____

Dentist Information

Name _____ Address _____

City, State, Zip _____ Phone _____

1. List any allergies and any special precautions and treatment indicated for these allergies:

2. List all medications administered:

3. List any chronic physical problems and any history of hospitalization:

4. List any other medical concerns that you feel should be brought to the camping staff's attention:

AUTHORIZATION FOR TREATMENT:

I hereby give my permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, treatment, and necessary transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child as named. The health history is correct so far as I know, and the person herein described has my permission to engage in all camp activities, except as noted.

PHOTOGRAPHS: Lazer Kraze retains the right to use any photographs of camp participants during camp for current or future promotional purposes without any further permission or dues owed. All rights to these images are property of Lazer Kraze KY Inc, Lazer Kraze Inc, Lazer Kraze 3.0, Inc. and Lazer Kraze 4.0 Inc. .

Parent signature

Date