

# LAZER

Family Fun Center

# KRAZE

# Lazer Mini-Camp

January 2<sup>nd</sup>  
9:30am-4:00pm



***This Mini-Camp is 'Out of This World!'***

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

**Exercise:** Get the ultimate in exercise on our trampoline park. We will have them bouncing off the walls!

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

**Pizza & Pop Lunch:** included each day

(Campers may also bring their own lunch)

Plus mega amounts of arcade games.



**Have a BLAST this  
Holiday Break!**

**Camp Fee \$89**

**Discounted Registration  
fee if received one week in  
advance – Just \$69**

Advance Registration Required to ensure availability

**5524 N. Hamilton Rd, Gahanna  
(614) 656-8216**

**www.LazerKraze.com  
The Ultimate Laser Tag!**



# Camper Registration- Gahanna, OH

Mail to: 5524 N. Hamilton Road, Gahanna, OH 43230

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Registration Fee \$89 \_\_\_\_\_ Jan 2<sup>nd</sup>

\$20 Discount if received by Dec 27th \_\_\_\_\_

Total Due \_\_\_\_\_

Note: All campers must be picked up on time. Any camper not picked up by 4:15pm will be charged an additional \$10 for each additional portion of 15 minutes.

**Before participating in camp activities, campers must have a waiver completed by their own parent. Go to [www.LazerKraze.com/gahannaoh/lk4activities.asp](http://www.LazerKraze.com/gahannaoh/lk4activities.asp) prior to the first day of camp and complete the waiver process.**

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 and Lazer Kraze 4.0.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date