



Please print out this form, complete it and mail it to the following address:

Peak Performance Camp
5 Paige Farm Rd.
Amesbury, MA 01913
Checks Payable to Peak Performance

Name:	Age:
Address:	
Phone:	Email:
Sports Played:	
Injuries:	
Allergies:	
Primary Care Physician:	
Primary Care Physician Phone Number:	
Emergency Contact:	Phone:

Please select the camp, amount of weeks and time slot you wish to attend:

<input type="checkbox"/> June 22nd - August 17th Newburyport, MA (MWF) Please select: <input type="checkbox"/> Teen Nutrition Blueprint <input type="checkbox"/> E-Book <input type="checkbox"/> 9 Week ACL Prevention Program <input type="checkbox"/> E-Book <small>(if you did not get one last year or you need another copy)</small>	<input type="checkbox"/> 9:30 to 10:30am (coeds 6th - 8th grades) <input type="checkbox"/> 9:30 to 10:30am (coeds 9th - 12th grades) <input type="checkbox"/> 4:00 to 5:00pm (coed College/High School)	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> \$165 for 4 weeks Save 10%</td> <td><input type="checkbox"/> \$300 for 4 weeks (Family 2-Pack) (each additional member - \$125) Save 15%</td> </tr> <tr> <td><input type="checkbox"/> \$195 for 6 weeks Save 10%</td> <td><input type="checkbox"/> \$330 for 6 weeks (Family 2-Pack) (each additional member - \$145) Save 15%</td> </tr> <tr> <td><input type="checkbox"/> \$240 for 8 weeks Save 10%</td> <td><input type="checkbox"/> \$400 for 8 weeks (Family 2-Pack) (each additional member - \$180) Save 15%</td> </tr> </table>	<input type="checkbox"/> \$165 for 4 weeks Save 10%	<input type="checkbox"/> \$300 for 4 weeks (Family 2-Pack) (each additional member - \$125) Save 15%	<input type="checkbox"/> \$195 for 6 weeks Save 10%	<input type="checkbox"/> \$330 for 6 weeks (Family 2-Pack) (each additional member - \$145) Save 15%	<input type="checkbox"/> \$240 for 8 weeks Save 10%	<input type="checkbox"/> \$400 for 8 weeks (Family 2-Pack) (each additional member - \$180) Save 15%
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GENERAL LIABILITY RELEASE:

I understand and accept that neither the Peak Performance Camp or anyone associated with the Peak Performance Camp, will assume responsibility for accidents or medical expenses incurred as a result of participation in any of our camps. I also give consent to medical treatment by a medical professional in the event of an emergency and the parent/guardian could not be reached.

SIGNATURE: _____

For all of our latest updates: www.peakperformancecamp.net