

■ Registration Form

SPORTS TRAINING CAMP



Please complete all sections below:

Grade:	A.M or P.M.	1st/2nd Session	Sport /Position
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Sport /Position
			<input type="text"/>
			Sport /Position
			<input type="text"/>

Full Name : E-Mail :

Address :

Currently Wears : Glasses Contacts Both Does not wear corrective wear

Gender : Male Female Date Of Birth :

Father Name : Phone :

Mother Name : Phone :

Emergency Contact :

First Name	: <input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	: <input type="text"/>	Relationship	Phone Numbers

Questions :

1. My child has had an eye exam within the last 12 months. If not, I am aware he/she must have one prior to their first session. Yes No
2. I am aware that my child will be using strobe glasses. Yes No
3. I give Advanced Eye Center permission to photograph my child; and I am aware the videos can be used for marketing purposes. Yes No