
Name _____ Child's grade level _____ Circle one: Session 1 Session 2
Parent/Guardian Name _____ Home Phone _____ Cell _____
Mailing Address _____ City _____ State _____ Zip _____
Parent Email Address _____ School _____ Adult shirt size _____

I understand the risks and waive all liability towards P.T. Services or any of their working professionals. I authorize the directors of the Speed and Agility Camp to act on my behalf to their best judgment in any emergency scenario, including, but not limited to situations requiring discipline or medical attention. My child is physically fit to participate in camp activities according to our family physician and I understand that I am responsible for medical and dental insurance for any injuries sustained during camp sessions. I will also list any medical conditions, allergies and medication that he/she are currently taking.

Signature of parent/guardian _____ Date _____

Please make checks payable to: **P.T. Services Rehabilitation, Inc.**

Mailing Address:
P.O. Box 833
Tiffin, Ohio 44883

Please Contact our Corporate Office 419-447-7203 with registration questions
Please complete this registration form and return with payment to the above address
