



Summer 2008 Complete Conditioning Camp Registration and Liability Release Form

Basic Information

Child Name: _____

Child Date of Birth: _____ Age: _____ Gender _____

Parent Name(s): _____

Address: _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Emergency Contact: _____ Phone: _____

Parents Consent and Release of Liability

I hereby fully and completely release Complete Chiropractic Healthcare from any and all claims or demands that are connected with injuries or losses sustained by the participant in connection with participation in the Summer Conditioning Program.

If my child has an existing medical condition or specific symptoms, I will inform Complete Chiropractic Healthcare and provide a Physician's Release Form, signed and dated by their personal physician. The Physician's Release Form represents my approval to participate in the Program.

I agree to keep Complete Chiropractic Healthcare updated as to any changes in my medical profile and understand there shall be NO liability on Complete Chiropractic Healthcare part should I forget to do so.

Parent/Guardian Name Date

Parent/Guardian Signature Date

Credit Card Authorization

I would like to pay for Dr. Arnold's Complete Conditioning camp In Full \$100/month with the following card (MC/Visa only)

Card Number Exp. Date 3-Digit Security Code

PLEASE MAIL OR FAX TO 925-886-4897