



**Youth FUNdamental Camp  
Registration Form**  
July/August 9am – 11:00am  
Top Gun Tennis Academy  
Sponsored by Corey Taylor Sports  
Performance  
**Ages 6-9 & 10-13**  
**Space limited to first 20 participants per  
session**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Age: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_ Male/Female \_\_\_\_\_

Parent/Guardian(s) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Special concerns (allergies, medications, medical conditions, etc.) \_\_\_\_\_

\_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Phone: \_\_\_\_\_

Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person authorized to pick up child: \_\_\_\_\_

*Note: For safety, no children will be permitted to leave the building unattended.*

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend Corey Taylor's FUNdamental Camp. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during Corey Taylor's FUNdamental Camp, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp, and I hereby hold the camp staff,

Top Gun Tennis Academy, the sponsoring organization, as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my child may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my child to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the camp.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization and its representatives from any claims for personal illness or injury that my child may sustain during the camp.

I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp.

Name of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

T-shirt size (circle one)

Youth Small

Youth Medium

Youth Large

Adult Small

Please note: We often take pictures during activities. If you would prefer that your child's picture not be used on any of Corey Taylor's Sports Performance materials, please check here. \_\_\_\_

**REGISTRATION INFORMATION**

**Payment of \$195 per child is due with registration.**

**Please make checks payable to "Corey Taylor's Sports Performance."**

**Mail Registration form to:**

**Corey Taylor's Sports Performance**

**1800 ELITE DR. Louisville, Kentucky 40223**

For questions or additional forms: Contact Corey Taylor, Youth FUNdamental Camp instructor at 502-472-7202 or corey@coreytaylor.net

