

Registration Form:

Name _____ Age _____ Male ___ Female ___ School _____

Address _____ Town & State _____

Zip Code _____ Phone (_____) _____

Send registration form and payment (checks made out to Harry Zimmerman) to:

319 Cedar Drive West

Briarcliff Manor New York 10501

E-mail

Parental Consent/Participation Waiver:

I hereby grant permission for my child to attend the "AZillity Training." I verify that my child has had a physical exam in the past year and is able to participate in the activities related to the camp. I agree to indemnify, hold harmless and defend Harry Zimmerman, AZillity Training, The Village of Briarcliff, All Camp Clinicians & Staff, All Camp Sponsors and/or their agents or employees from any and all liability for injury to my child, myself & any other persons, as well as any injury or damage caused by my child. Should medical treatment for my child be necessary, I hereby authorize any physician or trainer selected by camp personnel to order and conduct medical or surgical procedures necessary.

Parent or Guardian

Signature: _____ Date: _____