



Combat Ops Arena

Operation COMBAT CADET

Camp Registration Form

Name:	Age:
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Name of Parent/Guardian:

Address:	City:	Zip:
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Phone Number:	Alternate:
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Emergency Contact:	Phone:
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Email:	Shirt Size YS YM YL SM MD LG
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Please List any known allergies or conditions:
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I, _____ acknowledge that during camp, my child will be participating in Combat Ops Arena activities, and that I assume all risks and expenses due to injury that may occur as a result of involvement in Combat Ops Arena Facilities. I release Combat Ops Arena and legal representatives from all liability for injuries or damages sustained while my child attends Combat Ops Arena summer camp. I, do hereby release to Combat Ops Arena, its assigns, licensees, affiliates, and legal representatives the irrevocable right to use my child's picture, photographs, or video images in all forms and media in all manners, for any and all purposes including advertising in all forms, for unlimited time, and I waive the right to inspect or approve the finished product, including written copy, that may be created in connection therewith. I have read this release and am fully familiar with its contents. I am the parent and/or guardian of the minor named above and have the legal authority to execute the above release. I approve the foregoing and waive my rights in the premises.

Signed	Date
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COA Representative

Combat Ops Arena
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Fort Wayne, IN 46825
260-999-4940
www.combatopsarena.com