



# President's Day Camp

1901 Preston Park Blvd, Plano, TX 75093  
(972) 491-1916 ~ Fax (972) 596-8621

Email to: [accounting@infinitebounds.co](mailto:accounting@infinitebounds.co)

To guarantee your child's a spot, please complete this form and return it to Infinite Bounds along with your payment. (Print clearly)

Name of Child: \_\_\_\_\_

Age of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother: Cell # \_\_\_\_\_ Father: Cell # \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Email Address (Will be used for IB communications only. Will not sell or give out) \_\_\_\_\_

Medical Conditions, Handicaps or Allergies: \_\_\_\_\_

**Regular Camp Hours: 9:00am–2:00pm - \$40.00**

Early Drop Off: 8:00am (\$5.00)

Extended Hours: 2:00pm - 5:00pm (\$15.00)

Monday – February 16th

Early Drop Off

Check for Stay-N-Play

I understand that the credit card authorization is valid until a **written** notification to stop the automatic charge is received in this office. Also, I have read **Infinite Bounds' Rules & Policies** and I accept and agree with them. Furthermore, I hereby release **Infinite Bounds** and its agents or representatives of liability for any personal injury to any student arising out of participation in this program. In the event of a medical emergency, I authorize the agents of **Infinite Bounds** to use their discretion in securing proper treatment for a student as deemed necessary under the circumstances. I understand every effort will be made to contact a parent or guardian of the student under such circumstances.

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

Infinite Bounds has my authorization to charge camp fees to the credit or debit card listed below. I understand no refunds will be given.

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Name on card (Please Print): \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

**For Office Use Only:**

Date: \_\_\_\_\_ Reg By: \_\_\_\_\_

Amount: \_\_\_\_\_ F.O.P: \_\_\_\_\_

Start Date: \_\_\_\_\_  Q  R

Notes: