



To guarantee your child's a spot in our camp, please complete this form and return it to Infinite Bounds along with your payment.

Infinite Bounds

1901 Preston Park Blvd, Plano, TX 75093

(972) 491-1916

Email to: accounting@infinitebounds.co

(Please 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 (See rates below)

Early Drop Off: 8:00am (\$5 per day)

Stay & Play: 2:00pm - 5:00pm (\$15 per day)

☐ Monday 3/7

☐ Check for Stay & Play

☐ Early Drop Off

☐ Tuesday 3/8

☐ Check for Stay & Play

☐ Early Drop Off

☐ Wednesday 3/9

☐ Check for Stay & Play

☐ Early Drop Off

☐ Thursday 3/10

☐ Check for Stay & Play

☐ Early Drop Off

☐ Friday 3/11

☐ Check for Stay & Play

☐ Early Drop Off

RATES: \$40.00 - 1 day camp

\$105.00 - 3 day camp

\$150.00 – 5 day camp

\$75.00 - 2 day camp

\$125.00 - 4 day camp

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

Card #: _____ Exp: _____

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.

Authorizing Signature: _____

Date: _____

For Office Use Only:

Date: _____ Reg By: _____

Amount: _____ F.O.P: _____

Notes: