

SEAL Fit Challenge Camp Application

849 Second Street, Encinitas, CA 92024

Tel: 760-230-6754 Fax: 800-878-9228

Candidate Information

Last Name _____ First Name _____

Street Address _____ City _____ State _____ Zip _____

Gender _____ Age _____ DOB _____ Home Phone _____

Candidates must be 18 or over to attend; 16-17 with parental consent.

Parent or Guardian Information (If 16-17 years of age.)

First Contact _____ Second Contact _____

Daytime Phone _____ Daytime Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Emergency Contact

Name _____ Phone _____ Relationship _____

Please register me for the following:

Student

Professional

Quantity

____ @

____ @

Total

\$ ____

\$ ____

- Student \$495 per candidate

- Professional \$795 per candidate

Payment in advance required. 10% discount if you are a SEAL Fit Coaching program subscriber

****For this application to be considered, you must include a completed **Health Form.** (Will be emailed to you.)**

Each application and deposit **MUST** be accompanied by a Health Form with physician's signature, or application will not be processed. A copy of the most recent physical examination completed within the past two years is required.

PLEASE NOTE: The Director reserves the right to withdraw any candidate whose influence or actions are deemed harmful or who will not abide with rules and policies of the camp. In the event of dismissal or withdrawal, refunds are not possible. I certify that I have read and understood the information detailed in this application and that the information I have given and released is true and correct.

EMERGENCY CARE: In case of emergency if parent or guardian cannot be reached, I hereby grant permission for US Tactical, Inc. to notify the local Emergency Department to provide urgent medical treatment for my child, including sutures and X-rays, if necessary.

Signature of Candidate _____ Date _____

Signature of Parent/Guardian (If 16-17 years of age) _____ Date _____

