

Registration may be turned into your child's teacher, placed in Mac Thompson's teacher mailbox, or mailed to: MCS Camp Kick It! 300 Fischer Ave. Costa Mesa, CA 92626.

Checks payable to MCS. Attn: Camp Kick It!

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Child's Name	Age	Dates Attending	t-shirt size	Total \$	

MCS Student: Yes ___ No ___ (please ✓ one)

Parent/Guardian Name _____ (H) _____

Address _____ (W) _____

City _____ Zip _____ (C) _____

I consent to the above persons participating in these activities and agree on behalf of said persons and the undersigned that we assume the risk of accident or injuries from whatever cause in connection therewith, and release MCS and their officers, agents, and employees from any and all liabilities for any such accident or injury.

*Email _____

Signature _____