

Children's Lifetime Sports Academy
Registration Form

Name _____ Age _____ Shoe size _____ Shirt Size M L S M L
(Youth) (Adult)

Name _____ Age _____ Shoe size _____ Shirt Size M L S M L
(Youth) (Adult)

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Phone _____

Enclosed is a check in the amount of \$_____ to cover the cost of the Academy.
Make checks payable to: MSSU Lifetime Sports Academy

Note: Groups will be established based upon age, years of attending, and number of campers.
If your child **must** be with a specific person, you will need to indicate your request on your registration form.

Return registration form and check to:
Department of Kinesiology • Missouri Southern State University • 3950 E. Newman Rd. Joplin, MO 64801

Lifetime Sports Academy • June 8-11, 2009