

P: 317.348.0630
E: IndianapolisACE@gmail.com
W: IndyACE.com



Please send completed application and application fee to:

Indianapolis ACE Academy
P.O.BOX 44630
Indianapolis, IN 46244

APPLICANT CONTACT INFORMATION

Applicant Name: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Email Address: _____

Cumulative GPA: _____ Current School of Attendance: _____

Shirt Size: _____ Can the Applicant Swim?: YES NO

APPLICANT HEALTH INFORMATION

General State of Applicant's Health: _____

Does the Applicant possess any physical conditions requiring special attention, treatment or medication that would make it difficult for him/her to participate in program activities? YES NO. If YES, explain: _____

Does the Applicant have any dietary needs? YES NO

Name of Medical Insurance Company: _____

CONFIRMATION

I, _____, hereby make application to register my son/daughter/ward in the Indianapolis ACE Academy, subject to terms and conditions set forth in the current brochure; and hereinafter mentioned; and subject to the rules and regulations of the Indianapolis ACE Academy.

If my child is accepted, it is understood and agreed that this application constitutes the sole agreement between the Indianapolis ACE Academy and the undersigned, and there are no conditions or provisions other than herein noted.

Parent/Guardian

Date

Registration fee is due at the time of application. Credit card payments are accepted online ONLY. You may send check or money order with your mailed application. If APPLICANT is not accepted into camp, a full refund will be issued. Parents or Guardians are required to attend the orientation session held prior to the 1st day of camp to complete the enrollment process.

At the orientation session, you will be required to present a copy of: (1) Transcript or Report Card & (2) Birth Certificate or Passport