BODY ZONE™
Sports & Wellness Complex

3103 Paper Mill Road • Wyomissing • PA • 19610
P 610-376-2100 • F 610-376-4131 • WWW.BODYZONESPORTS.COM

SUMMER ADVENTURE REGISTRATION (to be filled out by PARENT)

Participant Information

Name _____ ❑ Male ❑ Female

Home Phone _____ DOB _____

Address _____

City _____ State _____ Zip _____

	Guardian 1	Guardian 2
Name		
Home Phone		
Work Phone		
Cell Phone		
Email (one required)		

How did you learn about our program? _____

Medical Information

Physician's Name _____

Phone _____

Will your child be taking any medication? Yes❑ No❑

If yes, what type? _____

Does your child have any allergies? Yes❑ No❑

Type — Explain symptoms and severity

Bee Sting _____

Peanuts/Nuts _____

Drugs _____

Food _____

Other _____

Does child have chronic or recurring illness? Yes❑ No❑

If yes, what type? Asthma❑ Diabetes❑ Seizures❑ Cardiac❑ Other❑

Please explain in detail: _____

Are there any limitations/issues we should be made aware of? Yes❑ No❑

If yes, explain: _____

Check the weeks your child will be attending along with extended care and/or lunch (optional)

Week	Theme	Full Day: $170	Half Day/Tot: $100	Ext. Half Day/Tot: $150	GoggleZone: $200	Lunch: $6/day, $25/week	X-Care: $12/day, $50/week	Due
Week 1: June 7-11	Tall Tales	❑	❑	❑	—	❑	❑	
Week 2: June 14-18	Animal Planet	❑	❑	❑	—	❑	❑	
Week 3: June 21-25	Hocus Pocus	❑	❑	—	❑	❑	❑	
Week 4: June 28-July 2	Trains, Planes & Autos	❑	❑	❑	—	❑	❑	
Week 5: July 5-9	Inventors Workshop	❑	❑	❑	—	❑	❑	
Week 6: July 12-16	The Mighty Jungle	❑	❑	❑	—	❑	❑	
Week 7: July 19-23	Wacky Games	❑	❑	❑	—	❑	❑	
Week 8: July 26-30	Treasure Island	❑	❑	—	❑	❑	❑	
Week 9: August 2-6	Space Cadet Camp	❑	❑	❑	—	❑	❑	
Week 10: 9-13	Camp Rock	❑	❑	—	❑	❑	❑	
Week 11: August 16-20	Holiday Camp	❑	❑	❑	—	❑	❑	
Week 12: August 23-27	Last Chance Workout	❑	❑	❑	—	❑	❑	
							Total	

Pickup Consent

Name _____ Phone _____

Name _____ Phone _____

Autopay

❑ Check here if you would like to enroll in auto-pay. Your card will be charged the Friday before for the upcoming week's balance

Payment

A credit card is required with all registrations that have an outstanding balance to guarantee payment. This card will not be charged if balance is paid in a timely manner

Credit Card Number ❑ Check here if your credit card is already on file

Expiration Date ____ / ____

❑ Visa ❑ Check ____
❑ Mastercard ❑ Cash

Name (as it appears on card): Print _____ Signature _____ Date _____

Assumption and Release of Liability

Assumption and release of liability: The use of fitness equipment, participating in fitness programs, and playing contact sports such as ice hockey, soccer, field hockey, lacrosse, basketball, and others are inherently dangerous. The undersigned, on behalf of the undersigned and the undersigned's child (collectively "Participant") hereby: (1) assume the risk of personal injury, property damage, or other loss (collectively "Injuries") to the Participant arising from or related to the activities conducted and services provided at Body Zone Sports and Wellness Complex; (2) unconditionally waive, release, and discharge WRC Sports and Fitness Limited Partnership and its agents, Commonwealth Orthopedic Associates, Inc. and their agents, employees, staff members, officers, directors, partners, members (collectively the "Released Parties") from all liability, claims, or responsibility for injuries to Participant; (3) grant permission for Participant to participate in activities at Body Zone Sports and Wellness Complex; (4) unconditionally release the Released Parties from injury arising from any good faith acts or omissions in emergency situations and (5) give permission to the staff/and or sub contracted staff of Commonwealth Orthopedic Sports Medicine to evaluate and treat my child, while participating in activities at Body Zone.

I agree that you may photograph and/or videotape me or my child during my activities and that you retain the right to use these visual images in future literature for Body Zone Sports and Wellness Complex without compensation to me or my child. I further agree that you may use my name, my child's name, or any testimonials made by us without limitation in advertising and promoting Body Zone Sports and Wellness Complex.

I represent that I am over the age of 18 or a parent/guardian of the minor named above, and agree that the grant and release contained therein binds me and the minor of all of its terms.

Parent/Guardian Signature (must be 18): _____ Date _____

OFFICE USE ONLY

Amount Paid _____

Date Paid _____

Balance _____

Staff _____