

2019 SUMMER ADVENTURE CAMP REGISTRATION & MEDICAL FORM

CHECK THE WEEKS YOUR CHILD WILL BE ATTENDING ALONG WITH OPTIONAL EXTENDED CARE, LUNCH AND/OR FIELD TRIPS

CAMP WEEK	THEME	FULL DAY 9-4 PM	LONG HALF DAY 9-2 PM	HALF DAY 9-12 PM	LUNCH	EXTENDED CARE	DUE
		\$195 AGES 5-13	\$170 AGES 5-13	\$125 AGES 5-13	\$40/WK	\$50/WK	
Week 1	June 10-14	Kick Off to Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 2	June 17-21	Arts and Entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 3	June 24-28	Mystery Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 4	July 1-3	Hero Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 5	July 8-12	Wacky Water Week I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 6	July 15-19	Sports Fanatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 7	July 22-26	Puzzles, Challenges & More	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 8	July 29-Aug. 2	Wacky Water Week II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 9	August 5-9	Silly Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 10	August 12-16	Villains and Super Heroes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 11	August 19-23	End of Summer Blast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SIBLING DISCOUNT (Deduct \$10 for each child after the first) - _____

TOTAL DUE _____

Camper Information Male Female

Name _____

Address _____

City _____ State _____ Zip _____

DOB _____ Age _____ T-Shirt Size _____

Emergency Contact

Check here if same as parents

Name _____

Home Phone _____

Cell Phone _____

Daytime Phone _____

Parents Information

Name _____

Home Phone _____

Cell Phone _____

Daytime Phone _____

Email _____

Name _____

Home Phone _____

Cell Phone _____

Daytime Phone _____

Email _____

Payment Information All fees must be paid prior to the start of the program.

Visa Mastercard Discover Check (# _____) Cash Paid Online

Credit Card Number

□□□□ □□□□ □□□□ □□□□

Expiration Date

□□/□□

Print name as it appears on card _____ Signature _____

Assumption and release of liability

PLEASE COMPLETE MEDICAL INFORMATION ON PAGE 2/REVERSE OF THIS FORM

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, 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 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.

Signature _____
 (must be parent or guardian if under 18)

Date _____

2019 SUMMER ADVENTURE CAMP MEDICAL FORM

Camper Name _____

Physician Name _____

Physician Phone Number _____

Will your child be taking medication? Yes No

If yes, please list: _____

Please send all medication in a clear sealable bag with a label and specific instructions

Does your child have any allergies? Yes No

TYPE EXPLAIN SYMPTOMS AND SEVERITY

Bee Sting _____

Peanut/Nut _____

Drugs _____

Food _____

Other _____

Does your child have a chronic or recurring illness? Yes No

PLEASE EXPLAIN IN DETAIL

Asthma _____

Diabetes _____

Seizures _____

Cardiac _____

Other _____

Are there any limitations/issues we should be aware of, including non-swimmers? Yes No

If yes, please explain: _____

PICKUP CONSENT FORM

I give permission for the following persons to pick up my child(ren) from camp. (Photo I.D. required)

Name _____ Phone _____

Name _____ Phone _____