

## 2019-20 SCHOOL'S OUT DAY CAMP REGISTRATION FORM

### CHECK THE DAY CAMP/DAYS YOUR CHILD WILL BE ATTENDING CAMP ALONG WITH OPTIONAL EXTENDED CARE AND/OR LUNCH:

DATE	FULL DAY \$40	LONG HALF DAY \$35	HALF DAY \$30	LUNCH \$8	EXTENDED CARE \$12	DUE
MONDAY, OCTOBER 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
FRIDAY, NOVEMBER 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MONDAY, DECEMBER 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MONDAY, DECEMBER 23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
THURSDAY, DECEMBER 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
FRIDAY DECEMBER 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MONDAY, DECEMBER 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MONDAY, JANUARY 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MONDAY, FEBRUARY 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
THURSDAY, APRIL 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
FRIDAY, APRIL 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**TOTAL DUE:** \_\_\_\_\_

### Camper Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Age \_\_\_\_\_ Circle: Male Female

Emergency Contact Name \_\_\_\_\_ Relation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Parent Information

Email Address (REQUIRED) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### PLEASE COMPLETE MEDICAL INFORMATION ON REVERSE SIDE OF THIS FORM

### 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, 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(PARENT/GUARDIAN MUST BE 18 YEARS OF AGE)

**PAYMENT METHOD***\*All fees must be paid prior to start of program*☐ MasterCard ☐ Visa ☐ Discover ☐ Paid Online ☐ Cash ☐ Check # \_\_\_\_\_

Name As It Appears On Card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVC \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Paid \_\_\_\_\_ Staff \_\_\_\_\_

Input Date \_\_\_\_\_

EZP Category \_\_\_\_\_

**2019-20 SCHOOL'S OUT DAY CAMP MEDICAL INFORMATION**

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Will your child be taking medication (circle one): YES NO If yes, what type? \_\_\_\_\_  
Please send all medication in a clear Ziploc bag with a label and specific instructions.

Does your child have any allergies (circle one): YES NO

TYPE: EXPLAIN SYMPTOMS AND SEVERITY:

☐ Bee sting \_\_\_\_\_☐ Peanut/Nut \_\_\_\_\_☐ Drugs \_\_\_\_\_☐ Food \_\_\_\_\_☐ Other \_\_\_\_\_

Does your child have chronic or recurring illness (circle one): YES NO

TYPE PLEASE EXPLAIN IN DETAIL:

☐ Asthma \_\_\_\_\_☐ Diabetes \_\_\_\_\_☐ Seizures \_\_\_\_\_☐ Cardiac \_\_\_\_\_☐ Other \_\_\_\_\_

Are there any limitations/issues we should be aware of (circle one): YES NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please indicate child's comfort level with/exposure to swimming on scale of 1 -10 and explain here if necessary: \_\_\_\_\_

\_\_\_\_\_

**PICKUP CONSENT**

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

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_