

## 2021 SUMMER ADVENTURE CAMP REGISTRATION & MEDICAL FORM

### CHECK THE WEEKS YOUR CHILD WILL BE ATTENDING ALONG WITH OPTIONAL EXTENDED CARE

CAMP WEEK	THEME	FULL DAY 9-4 PM \$205	LONG HALF DAY 9-2 PM \$180	HALF DAY 9-12 PM \$135	*EXTENDED CARE \$55-65/WK	DUE
Week 1 June 7-11	Bring on Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 2 June 14-18	Art Attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 3 June 21-25	Safari Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 4 June 28-July 2	Silly World of Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 5 July 5-9	Backyard Adventures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 6 July 12-16	Wacky Water Week I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 7 July 19-23	Villains and Superheroes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 8 July 26-30	Mad Scientist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 9 August 2-6	Wacky Water Week II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 10 August 9-13	Problem Solvers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 11 August 16-20	Say Goodbye to Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

#### \*Extended Care Pricing: (Circle One)

Long Half Day: \$55      Full Day: \$60      Half Day: \$65

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

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

#### Camper Information Male ☐ Female ☐ For Ages 5-13

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 ☐ AMEX ☐ 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, LP and WRC Sports and Fitness, LLC and their agents, 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; (5) give permission to the staff to evaluate and treat my child, while participating in activities at Body Zone and (6) waive any and all rights of my heirs administrators, executors, successors and assigns to all claims arising out of use of the premises and the memberships including, but not limited to personal injury, including bodily injury and death, and all property damage and expressly release Body Zone and Released parties (7) fully assume the risks, both known and unknown, of exposure, illness or death related to infectious diseases, including but not limited to MRSA, influenza, and COVID-19, even if arising from the negligence of the released parties or other participants.

I, the undersigned, agree to adhere to COVID-19 safety protocols that Body Zone Sports and Wellness Complex has adopted and posted throughout the building, on the website and in other communications. These protocols include, but are not limited to, social distancing, wiping down equipment before and after use, and following appropriate CDC and state guidelines in regards to the wearing of a face mask, temperature screening and hand washing. Failure to abide by these protocols may result in the suspension or termination of my membership agreement and all fees that may apply.

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 \_\_\_\_\_

## 2021 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 \_\_\_\_\_