



3103 Paper Mill Road • Wyomissing, PA, 19610  
P 610-376-2100 • F 610-376-4131 • bodyzonesports.com/camp

If viewing this form online: Please do not email this form as it is not intended to be used for secure transactions. It is only provided online as a convenience to be filled out and printed for in-person registration at Body Zone. Secure, online registration is provided for all programs. Thank you.

## SUMMER ADVENTURE CAMP 2022 REGISTRATION & MEDICAL FORM

Please select the camp week(s) and desired participation option for camper below. Full payment required to reserve a week.

| CAMP WEEK             | THEME                              | FULL DAY 9AM-4PM<br>\$225       | FULL-DAY EXTENDED (7:30AM-5:30PM)<br>\$285 | HALF DAY 9-12 PM<br>\$150       | HALF-DAY EXTENDED (7:30AM-12:00PM)<br>\$225 | DUE   |
|-----------------------|------------------------------------|---------------------------------|--|---------------------------------|---|-------|
| Week 1 June 6-10      | Navigating Summer                  | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/>        | <input type="checkbox"/>                    | _____ |
| Week 2 June 13-17     | Totally Talented                   | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/>        | <input type="checkbox"/>                    | _____ |
| Week 3 June 20-24     | Water World                        | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/>        | <input type="checkbox"/>                    | _____ |
| Week 4 June 27-July 1 | Shoot For The Moon                 | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/>        | <input type="checkbox"/>                    | _____ |
| Week 5 July 5-8 *     | All About Outdoors (four-day week) | <input type="checkbox"/> \$180* | <input type="checkbox"/> \$230*            | <input type="checkbox"/> \$120* | <input type="checkbox"/> \$180*             | _____ |
| Week 6 July 11-15     | Crazy Carnival Week                | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/>        | <input type="checkbox"/>                    | _____ |
| Week 7 July 18-22     | Silly Science                      | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/>        | <input type="checkbox"/>                    | _____ |
| Week 8 July 25-29     | Lights, Camera, Action!            | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/>        | <input type="checkbox"/>                    | _____ |
| Week 9 August 1-5     | Magic Mayhem                       | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/>        | <input type="checkbox"/>                    | _____ |
| Week 10 August 8-12   | Games Galore                       | <input type="checkbox"/>        | <input type="checkbox"/>                   | <input type="checkbox"/>        | <input type="checkbox"/>                    | _____ |
| Week 11 August 15-19  | Until We Meet Again                | <input type="checkbox"/>        | <input type="checkbox"/>                   |                                 | <input type="checkbox"/>                    | _____ |

\*Special pricing just for four-day camp week

SIBLING DISCOUNT (Deduct \$10/week 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 \_\_\_\_\_

Parent/Guardian 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 its 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) 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 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 \_\_\_\_\_



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## SUMMER ADVENTURE CAMP 2022 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 from camp. (Photo I.D. required) Name

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

\_\_\_\_\_ Phone \_\_\_\_\_