



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 2023 | 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 \$235	FULL-DAY EXTENDED (7:30AM-5:30PM) \$295	HALF DAY 9-12 PM \$160	HALF-DAY EXTENDED (7:30AM-12:00PM) \$235 - Not offered online	DUE
Week 1 June 5-9	Let's Get Together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 2 June 12-16	Critter Craze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 3 June 19-23	Let's Go Exploring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 4 June 26-30	Beach Bound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 5 July 3, 5-7*	Dance, Dance, Dance (4-day week)	<input type="checkbox"/> \$190*	<input type="checkbox"/> \$240*	<input type="checkbox"/> \$130*	<input type="checkbox"/> \$190*	_____
Week 6 July 10-14	World Of Illusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 7 July 17-21	H2O Overload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 8 July 24-28	Working Up A Sweat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 9 July 31-Aug. 4	Feelin' The Beat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 10 Aug. 7-11	Celebrating You!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 11 Aug. 14-18	Goodbye, But Not Forever	<input type="checkbox"/>	<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 2023 - 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 _____