

## Summer Adventure Camp 2025 - REGISTRATION & MEDICAL FORM

**Camp ages: 6-13 Please select the camp week (s) and desired participation option below. Full payment is required to reserve a week.**

CAMP WEEK	THEME	FULL DAY \$265	FULL DAY EXTENDED CARE \$325	HALF DAY \$180	DUE
		9:00 AM - 4:00 PM	7:30 AM - 5:30 PM		
Week 1 June 2-6	Adventure Quest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 2 June 9-13	Ahoy, Mateys!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 3 June 16-20	Exploring The World Of Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 4 June 23-27	Aloha Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 5 June 30-July 3	Celebrating America*	<input type="checkbox"/> \$215	<input type="checkbox"/> \$260	<input type="checkbox"/> \$145	_____
Week 6 July 7-11	Animal Kingdom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 7 July 14-18	What's Your Persona?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 8 July 21-25	Let It Snow!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 9 July 28 - August 1	Wild Wild West	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 10 August 4-8	Play That Funky Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Week 11 August 11-15	Carnival Craze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

\*Special pricing just for four-day camp week

**SIBLING DISCOUNT** (Deduct \$10 for each child after the first): \_\_\_\_\_

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

### Camper Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Age \_\_\_\_\_

### Parent/Guardian Information

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Email \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

**PAYMENT INFORMATION**  Visa  Mastercard  Discover  AMEX  Check  Cash  Paid Online

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CSV \_\_\_\_\_  
 Print Name As It Appears On Card \_\_\_\_\_  
 Signature \_\_\_\_\_

### FOR OFFICE USE ONLY

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

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

### ASSUMPTION OF RISK AND WAIVER

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: \_\_\_\_\_ Date: \_\_\_\_\_

(MUST BE PARENT/GUARDIAN IF UNDER 18)

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# Summer Adventure Camp 2025 - MEDICAL FORM

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Camper Name \_\_\_\_\_

Physician Name and Phone Number \_\_\_\_\_

Will your child be taking medication (circle one): YES NO

If yes, please list medications here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please send all medications in a clear resealable bag with 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 (including non-swimmers) we should be aware of (circle one): YES NO

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

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## PICK UP CONSENT

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

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_