

## CONTACT AND HEALTH INFORMATION

*Children's Shot Record must accompany registration*

Father/Mother or Legal Guardian's Name \_\_\_\_\_

Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

### ADDITIONAL EMERGENCY CONTACT *(Must be completed)*

Contact Name \_\_\_\_\_

Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

### CURRENT MEDICATIONS

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

For: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

For: \_\_\_\_\_

Please explain current medical conditions or Health Problems/Allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Staff is not responsible for administering medications.*

Other Health Problems/Allergies: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc... I also hereby assume the responsibility for payment of any such treatment.

\_\_\_\_\_  
(Parent/Guardian Signature)

# Fit N' Fun Kid's Camp



## A Summer of Fitness & A Whole Lot of Fun!

### Activities include:

- Swimming (Swim lessons also avail)
- Basic Tumbling/gymnastics
- Martial Arts
- Dance
- Yoga
- Arts & Crafts
- Sports & Games

**OPEN HOUSE**  
**Sat's 3/24, 4/7**  
**11am-1pm**

**Weekly Sessions (min. 3 days/week) 1/2 Day or Full Day**

**June 25th-August 31st, 2018**

**Ages 5-15 Yrs (13-15 Yrs Counselor In Training)**



**609-654-1440**

3 Nelson Drive • Medford

[www.medfordfitness.com](http://www.medfordfitness.com)