

## CONTACT AND HEALTH INFORMATION

*Children's Shot Record must accompany registration*

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

Relation: \_\_\_\_\_

### ADDITIONAL EMERGENCY CONTACT (must be completed)

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
- Dance
- Yoga
- Arts & Crafts
- Sports & Games

**50% Off  
1 Full Week of  
Camp\***

\*New campers only

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

**June 24<sup>th</sup> - August 30<sup>th</sup>, 2019**

**Ages 5-15 yrs (13-15 yrs Counselor-in-Training)**



**609-654-1440**

3 Nelson Drive Medford, NJ

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

**Exceeds all NJ State Camp Requirements!**