

REGISTRATION FORM

Camper's First Name: _____
Last Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone #: _____
Email: _____
Birthdate: _____ **Age:** _____
**Children attending full day camp must bring a bagged lunch.*

Regular Hours:

(Minimum 3 days per week)

| | | |
|------------------------|-----------------|---------------------------|
| Full Day | 9:00am – 5:00pm | \$39/child per day |
| ½ Day Morning | 9:00am – 1:00pm | \$25/child per day |
| ½ Day Afternoon | 1:00pm – 5:00pm | \$25/child per day |

Early Drop-Off (7:30am-9:00am) & Late Pickup (5:00pm-6:30pm)
Available \$3/Day or \$5/Day for Both Services

CIT Rates: (13-15yrs. Counselor-in-Training)

Full Day: \$20/child per day
Half Day: \$15/child per day

One-Time Registration Fee: \$25 per child

Must Register 2 Weeks Prior -- Weekly Sessions Available

WEEKLY SESSION DATES

6/24/19 – 6/28/19 7/1/19 – 7/5/19 7/8/19 – 7/12/19 7/15/19 – 7/19/19

| EARLY DROP | LATE PICK | AM SESSION | PM SESSION | FULL DAY |
|------------------|------------------|------------------|------------------|------------------|
| M □ □ □ | T □ □ □ | W □ □ □ | T □ □ □ | F □ □ □ |

7/22/19 – 7/26/19 7/29/19 – 8/2/19 8/5/19 – 8/9/19 8/12/19 – 8/16/19

| EARLY DROP | LATE PICK | AM SESSION | PM SESSION | FULL DAY |
|------------------|------------------|------------------|------------------|------------------|
| M □ □ □ | T □ □ □ | W □ □ □ | T □ □ □ | F □ □ □ |

8/19/19 – 8/23/19 8/26/19 – 8/30/19*

| EARLY DROP | LATE PICK | AM SESSION | PM SESSION | FULL DAY |
|------------------|------------------|------------------|------------------|------------------|
| M □ □ □ | T □ □ □ | W □ □ □ | T □ □ □ | F □ □ □ |

Total Price: _____

Child Release Information

If anyone other than you will be picking up your child, please list the names and relationship to child below. Children cannot be released if this is not completed. Photo ID will be required.

| Name | Relationship |
|----------|--------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

I accept full responsibility for my child's use of any and all apparatus, appliances, facility privilege, or service whatsoever, owned and operated by this club at my own risk and shall hold this club, its shareholders, directors, officers, employees, representatives, and agents harmless from any loss, claim, injury damage, or liability sustained or incurred by my child resulting there from.

Photo/Image Release Authorization: Without compensation to me or any minor(s) listed herein, I hereby grant to Medford Fit, LLC d/b/a Medford Fitness, the absolute right and permission to copyright, publish, and use photographic portraits, pictures, or videos of me and/or the minor listed herein for use through reasonable promotion of the facility and related events. I hereby waive any right that I/the minor(s) may have to inspect or approve the finished media material as long as the matter is within reason and is not deemed to be socially inappropriate for use of a minor.

I understand that refunds are not available after registration.

Signature - Parent/Guardian



609-654-1440

3 Nelson Drive Medford, NJ

www.medfordfitness.com

*Outdoor water activities (pool closed). Refunds and credits are not available for missed camp days.