

CONTACT AND HEALTH INFORMATION

Children's Shot Record must accompany registration

Mother/Father/Legal Guardian's Name: _____

Relation: _____

ADDITIONAL EMERGENCY CONTACT (must be completed)

Full 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
- Dance
- Yoga
- Arts & Crafts
- Sports & Games
- "Dive-in" Movies

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

*See Club for Details

**Weekly Sessions (min. 3 days/week) 1/2 Day or Full Day
June 16th - September 4th, 2020**

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



609-654-1440

3 Nelson Drive Medford, NJ

www.medfordfitness.com

Exceeds all NJ State Camp Requirements!