

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	\$60 /child per day
½ Day Morning	9:00am – 1:00pm	\$45 /child per day
½ Day Afternoon	1:00pm – 5:00pm	\$45 /child per day

Early Drop-Off (8:00am-9:00am) & Late Pickup (5:00pm-6:00pm)

Available \$5/Day or \$8/Day for Both Services

One-Time Registration Fee: \$25 per child

Must Register 2 Weeks Prior -- Weekly Sessions Available

WEEKLY SESSION DATES

6/24 - 6/28	7/1 - 7/5 (no 7/4)	7/8 - 7/12																																																																																										
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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

Date



609-654-1440

3 Nelson Drive Medford, NJ

www.medfordfitness.com

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)

Date

Fit N' Fun Kid's Camp



A Summer of Fitness & A Whole Lot of Fun!

Activities Include:

- Swimming
- Dance
- Arts & Crafts
- Sports & Games

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

*New campers only, limited time

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

June 24th - August 30th, 2024

Ages 5-15 yrs (ages 13-15 counselor in training)



609-654-1440

3 Nelson Drive Medford, NJ

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