



**CAMPER INFORMATION:**

Camper's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PARENT GUARDIAN INFORMATION:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**SELECT YOUR WEEKS & CAMP TYPE:** Member:  Non-Member:

- Early Bird Rate through March 15<sup>th</sup>

		Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Member Price	Non-Member Price	Registration Fee	TOTAL
		June 17th-21st	June 24th-28th	July 1st-5th- <i>No camp July 4th</i>	July 8th-12th	July 15th-19th	July 22nd-26th	July 29th-Aug 2nd	Aug 5th-9th	Aug 12th-16th	Aug 19th-23rd	Aug 26th-30th				
<b>Multi-Sports Camp</b>																
Full Day: 9-4pm	4-13 years old												EB: \$150 , \$175	EB: \$175, \$200	\$50 per week	
Half Day AM- 9am-12pm	4-13 years old												\$80	\$100	\$50 per week	
Half Day PM-1pm-4pm	4-13 years old												\$80	\$100	\$50 per week	
Single Day Enrollment	4-13 years old												\$50	\$75	\$50 per week	
Single Half Day Enrollements	4-13 years old												\$50	\$75	\$50 per week	
<b>ADD ONS- Additional Cost</b>													Per Day	Per Week		TOTAL
<b>Before Care (7:15am-9:00am)</b>	Any Age	M T W T H F	M T W T H F	M T W F	M T W T H F	M T W T H F	M T W T H F	M T W T H F	M T W T H F	M T W T H F	M T W T H F	M T W T H F	\$5	\$25		
<b>After Care (4:15pm-6:00pm)</b>	Any Age	M T W T H F	M T W T H F	M T W T H F	M T W T H F	M T W T H F	M T W T H F	M T W T H F	M T W T H F	M T W T H F	M T W T H F	M T W T H F	\$6	\$30		
			Colonial Bowling: \$		Grounds for Sculpture: \$	Game Truck: \$	Trenton Thunder: \$	Movie Theater: \$	Escape Room \$	Color me Mine: \$	Colonial Bowling: \$					TOTAL
<b>Trips</b>	6+															
<b>SWIM LESSONS</b>													Member Price	Non-Member Price		TOTAL
<b>Swim Lessons</b>	Any Age												\$65	\$65		
<b>TLP</b>													1 X	2 X	3 X	4 X
<b>TLP (10:30am-12:00pm)</b>	8+															
<b>LUNCH-Menu posted on website</b>													Per Day	Per Week		TOTAL
<b>Lunch</b>	Any Age	M T W T H F	M T W T H F	M T W F	M T W T H F	M T W T H F	M T W T H F	M T W T H F	M T W T H F	M T W T H F	M T W T H F	M T W T H F	\$6	\$30		
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<b>Sports Camps</b>																
Basketball Camp	6+												\$180	\$200		
Soccer Camp	6+												\$180	\$200		

**Team85 Fitness & Wellness  
Summer Camp 2019 Registration Form**

**MEDICAL HISTORY (REQUIRED)**

Doctor's Name \_\_\_\_\_ Address: \_\_\_\_\_ Phone \_\_\_\_\_

Immunization History: Please record the date (month & year) of the basic immunizations and the most recent booster. If you have questions, check with your doctor.

**Physician's signature is NOT required. Dates REQUIRED and must be written on this form.**

DPT Booster \_\_\_\_\_ Tetanus Booster \_\_\_\_\_ Polio \_\_\_\_\_ MMR \_\_\_\_\_ HBV \_\_\_\_\_

Pertussis \_\_\_\_\_ HIB \_\_\_\_\_ Varicella \_\_\_\_\_ Tuberculin Test \_\_\_\_\_ Result \_\_\_\_\_

**Medical History:**

- Rheumatic Fever    Head Injury    Heart Trouble    Epilepsy    Diabetes    Hernia    Asthma    Wear Contacts  
 Hay Fever

Allergies, list: \_\_\_\_\_

- Carry Inhaler    Carry Epi Pen

Recent Fractures, explain: \_\_\_\_\_

Recent Surgeries: \_\_\_\_\_

Does your child have any other limitations or restrictions: \_\_\_\_\_

**PERMISSION TO ADMINISTER PRESCRIPTIONS:**

Name of Medication: \_\_\_\_\_ Reason for Medication: \_\_\_\_\_

Amount to be Given: \_\_\_\_\_ Time to be given: \_\_\_\_\_ Side Effects (if any): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*The medication must be in the original container labeled with your child's name. Must also provide instructions for administration along with physician's signature**

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**AUTHORIZED PICK-UP:**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**The following individuals are NOT ALLOWED to pick up my child:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PAYMENT METHOD:**

*Deposit due at signing of Agreement: \$ \_\_\_\_\_ (\$50 Non-Refundable deposit for each week registered)*

*Cash*       *Check*       *Credit Card*       *Card on File*

**Credit Card Information:**    Visa      Mastercard      Discover      (Circle One) **We do not accept American Express**

Credit Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp date: \_\_\_\_\_ CVV2 \_\_\_\_\_

There are no reimbursements or credits for missed days  
Returned checks will incur a \$15 bank processing fee.  
Participants will be charged a \$10 fee for every 15-minutes late upon conclusion of the camp.  
No camper is permitted at the camp 15-minutes before their registered time of arrival, if you must drop them off earlier then the camp time; please register them for before care.

**Team85 Fitness & Wellness  
Summer Camp 2019 Registration Form**

**PARENT ACKNOWLEDGEMENT:**

**Parent/Guardian Signed Releases**

I hereby enroll my child, \_\_\_\_\_, in Team85 Fitness and Wellness summer camp and I:

- Submitted completed registration forms
- Provided a non-refundable, non-transferrable deposit of \$50 per week, per child.
- Agree to pay the balance of camp fees in full in the beginning of each week. All payments must be paid in full on or before the duration of summer camp.
- Understand the early bird special is not honored after March 15<sup>th</sup>. After March 15<sup>th</sup> the prices increase.
- Understand I must be a member in order to get the members rate. No exceptions.
- Understand I must write a written letter to the camp director if my child needs to be picked up early from camp.
- Understand I must provide the camp director with an authorized pick up list
- Will provide dates of my child's immunization records.
- Understand it is my responsibility to understand all policies and procedures in addition to those listed in the parent handbook.
- Understand I must sign my child in and out with the proper staff and identification at drop off and pick up.
- Understand each camper and parent must cooperate and accept camp rules and guidelines. Inappropriate behavior may result in disciplinary action by the camp directors and/or dismissal from camp. If a camper is dismissed for inappropriate behavior, camp fees are non-refundable.
- Confirm we have a valid email address on file for important camp updates.
- Understand in the event of payment default you will be responsible for reasonable collection agency fees and/or attorney fees in addition to the delinquent balance.
- No refunds after August 31<sup>st</sup>, 2019. Refund policy will be in the parent handbook.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_