

Camper Information: Member:	Summer Camp Registration Form <i>Non-Member:</i>	a 2020
Camper Last Name:	Camper First Name:	DOB://
Age:Address:	City:	State:Zip
Parent/Guardian Information: Member:	Non-Member:	
Last Name:	First Name:	Phone Number:
Email:		
Emergency Contact:	Relationship:	Phone Number:

Summer Camp Registration: Part 1: *Early Bird Rate ends March 15th (prices will increase)*

Camp Type: Multi-Sport Camp	Prices	Week 1 June 15th-19th	Week 2: June 22nd-26th	Week 3: June 29th-July 3rd	Week 4: July 6th-10th	Week 5: July 13th-17th	Week 6: July 20th-24th	Week 7: July 27th-31st	Week 8: August 3rd-7th	Week 9: August 10th-14th	Week 10: August 17th-21st	Week 11: August 24th-28th
Full Day: 9:00am-4:00pm	Member: \$175 Non-Member: \$200 Age: 4-13											
Half Day AM: 9:00am-12:00pm	Member: \$80 Non-Member: \$100											
Half Day PM: 1:00pm-4:00pm	Member: \$80 Non-Member: \$100											
Single Day: 9:00am-4:00pm	Member: \$50 Non-Member: \$75	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F



Add-Ons: Part 2: (Please circle your add-ons or check mark the boxes)

Options	Price	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11
Before Care: 7:00am-9:00am	\$5: Daily \$25: Weekly	M T W TH F	M T W TH F	M T W TH F	мт w тн f	M T W TH F	M T W TH F	M T W TH F	мтw тн ғ	M T W TH F	M T W TH F	мт w тн f
After Care: 4:00pm-6:30pm	\$6: Daily \$30 Weekly	M T W TH F	M T W TH F	M T W TH F	мт w тн f	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	мт w тн f
Lunch (Please check off the lunches on the next page)	\$6: Daily \$30 Weekly	M T W TH F	мт w тн ғ	мт w тн ғ	мт w тн ғ	мт w тн ғ	мт w тн ғ	мт w тн ғ	мтw тн ғ	мт w тн ғ	мт w тн ғ	мт w тн f
Swim Lessons: 10:30am *Time subject to change	\$85 Per Week 45 Minutes	NO LESSONS		NO LESSONS								NO LESSONS
			Colonial Bowling (\$35)		Color me Mine (\$25)			Leaping Dog Art Studio (\$25)	Colonial Bowling (\$35)			
Field Trips	\$35 Per Trip		June 25th						August 6th			

- Before Care will be dropped off in the Field House
- After Care will be picked up in the Field House



Lunch Options: Part 3 (please check the days you want lunch)

	Monday	Tuesday	Wednesday	Thursday	Friday	Alternatives
Week 1	Grilled Cheese with potato chips and juice box	side of fruit cup and pizza) with grapes and a with side of tater hamburger or cheeseburge		BBQ DAY: choice of hot dog, hamburger or cheeseburger side of potato chips and juice box	Grilled Cheese	
						Pasta L With juice box and potato chips
Week 2	Chicken nuggets and french fries and juice box	Mac N Cheese with a side of yogurt and juice box	Pizza Bagels with side of grapes and juice box	Pasta with side of applesauce and juice box	BBQ DAY: choice of hot dog, hamburger or cheeseburger side of potato chips and juice box	Grilled Cheese
Week 3	Grilled Cheese with potato chips and juice box	Taco Tuesday with side of fruit cup and juice box	PIZZA DAY (two slices of pizza) with grapes and a juice box	Cheese Quesadilla with side of tater tots with juice box	BBQ DAY: choice of hot dog, hamburger or cheeseburger side of potato chips and juice box	Grilled Cheese
						With juice box and potato chips
Week 4	Chicken nuggets and french fries and juice box	Mac N Cheese with a side of yogurt and juice box	Pizza Bagels with side of grapes and juice box	Pasta with side of applesauce and juice box	BBQ DAY: choice of hot dog, hamburger or cheeseburger side of potato chips and juice box	Grilled Cheese
Week 5	Grilled Cheese with potato chips and juice box	Taco Tuesday with side of fruit cup and juice box	PIZZA DAY (two slices of pizza) with juice box	Cheese Quesadilla with side of tater tots with juice box	BBQ DAY: choice of hot dog, hamburger or cheeseburger side of potato chips and juice box	Grilled Cheese
Week 6	Chicken nuggets and french fries and juice box	Mac N Cheese with a side of yogurt and juice box	Pizza Bagels with side of grapes and juice box	Pasta with side of applesauce and juice box	BBQ DAY: choice of hot dog, hamburger or cheeseburger side of potato chips and juice box	Grilled Cheese



Week 7	Grilled Cheese with potato chips and juice box	Taco Tuesday with side of fruit cup and juice box	PIZZA DAY (two slices of pizza) with juice box	Cheese Quesadilla with side of tater tots with juice box	BBQ DAY: choice of hot dog, hamburger or cheeseburger side of potato chips and juice box	Grilled Cheese
Week 8	Chicken nuggets and french fries and juice box	Mac N Cheese with a side of yogurt and juice box	Pizza Bagels with side of grapes and juice box	Pasta with side of applesauce and juice box	BBQ DAY: choice of hot dog, hamburger or cheeseburger side of potato chips and juice box	Grilled Cheese
Week 9	Grilled Cheese with potato chips and juice box	Taco Tuesday with side of fruit cup and juice box	PIZZA DAY (two slices of pizza) with juice box	Cheese Quesadilla with side of tater tots with juice box	BBQ DAY: choice of hot dog, hamburger or cheeseburger side of potato chips and juice box	Grilled Cheese
Week 10	Chicken nuggets and french fries and juice box	Mac N Cheese with a side of yogurt and juice box	Pizza Bagels with side of grapes and juice box	Pasta with side of applesauce and juice box	BBQ DAY: choice of hot dog, hamburger or cheeseburger side of potato chips and juice box	Grilled Cheese
Week 11	Grilled Cheese with potato chips and juice box	Taco Tuesday with side of fruit cup and juice box	PIZZA DAY (two slices of pizza) with juice box	Cheese Quesadilla with side of tater tots with juice box	BBQ DAY: choice of hot dog, hamburger or cheeseburger side of potato chips and juice box	Grilled Cheese



Total: Part 4: (Office Use Only)

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Grand Total
		<u> </u>							<u> </u>		

Authorized Pick Up List: Part 5 (Required)

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
NOT AUTHORIZED TO PICK UP:		
Name:	Relationship:	
Name:	Relationship:	
Name:	Relationship:	



MEDICAL HISTORY (Required)- Part 5

Doctor's Name		Address:		P	hone
doctor.	Please record the date (month &			ecent booster. If you have	questions, check with your
DPT Booster	_ Tetanus Booster Poli	o MMR	HBV	Pertussis	HIB
Varicella	Tuberculin Test	Result	-		
<i>Medical History:</i>	Head Injury Heart T	rouble Epilepsy	Diabetes	Hernia 🔲 Asthma 🔲	Wear Contacts Hay Fever
Allergies, LIST:					
Carry I	nhaler Carry EpiPen				
Recent Fractures,	explain:				
Recent Surgeries:					
_	ave any other limitations or restrict				
	MINISTER PRESCRIPTIONS:				
Name of Medication:		Reason for Medie	cation:		
Amount to be Given: _		_ Time to be given:		Side Effects (if any):	
				ate:	
**The medication mus	t be in the original container labele	ed with your child's name. I	Must also provide ins	tructions for administration	along with physician's signature



Summer Camp Waiver: Part 6- (Required) - on the last page!

Payment Method: Part 7- PLEASE FILL OUT

Payment type:	CASH	CHECK	CARD (we do NOT accept American Expres						
Credit Card Info	rmation: Visa		Mastercard		Discover	(Circle One)			
Account #	/	/_		_/	C\	/V2 #			
Name on Card:			Exp Date:						

Payment occurs Monday of each week

Camper cannot attend camp if the payment is not made by Monday of each week

All checks are payable to Team85 Fitness & Wellness

If you put a card on file, that card will be deducted with the remaining balance per week

All receipts are sent to your email on file

Tax ID number is 46-1646037

All refunds need to put in by August 31st, 2020.