



Summer Fit CAMP Specialty CAMP REGISTRATION FORM

- _____ Dance XP
 _____ Basketball CAMP
 _____ Gamer CAMP

All CAMPers must have the medical history form, completed by a physician, to be admitted to Band CAMP. THERE ARE NO EXCEPTIONS TO THIS RULE.

PLEASE PRINT

CAMPER INFORMATION

LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS

CITY STATE ZIP CODE

HOME PHONE (INCLUDE AREA CODE)

DATE OF BIRTH: MONTH DAY YEAR AGE

PARENTAL / GUARDIAN INFORMATION

MOTHER/GUARDIAN NAME FIRST NAME LAST NAME

PRIMARY PHONE # SECONDARY PHONE #
 (INCLUDE AREA CODE) (INCLUDE AREA CODE)

EMAIL ADDRESS

FATHER/GUARDIAN NAME FIRST NAME LAST NAME

PRIMARY PHONE # SECONDARY PHONE #
 (INCLUDE AREA CODE) (INCLUDE AREA CODE)

EMAIL ADDRESS

EMERGENCY CONTACT INFORMATION

In the event of an emergency CAMP staff will make every effort to contact the parent(s). If we are unable to reach you, we will call your emergency contacts. Please list information pertaining to individuals who should be contacted in case of an emergency.

CONTACT #1

FULL NAME

PHONE NUMBER

RELATIONSHIP TO CAMPER

CONTACT #2

FULL NAME

PHONE NUMBER

RELATIONSHIP TO CAMPER

For Office Use Only

<i>1st Payment</i>	<i>Source</i>	<i>Medical</i>	<i>Trip</i>	<i>Sibling:</i>
		<i>Waiver</i>	<i>Sign In</i>	<i>Group:</i>

Registration Fee: \$45

Information and pricing are for the 2020 season of Summer Fit CAMP only

PREVIOUS TRAINING

Location: _____

Teachers/Coaches: _____

What type and how many years of study? _____

FEES

The first two weeks of camp fees must be submitted with the completed application form. If you plan to pay the camp fees on a weekly basis, your first regular camp fee will be due the second Monday of camp, and subsequent payments will be due each Monday thereafter. Summer Fit CAMP accepts credit cards, debit cards, money orders, or cash. Money orders must be made payable to: Christian Athletic Mentoring Program.

(See "Regulations" for explanation of late payment and pick-up fees)

SUMMER FIT CAMP DOES NOT ACCEPT PERSONAL CHECKS, AND FEES ARE NON-REFUNDABLE

SPECIALTY CAMP	DATE OF CAMP	WEEKLY CAMP FEE	PAID IN FULL FEE (incl registration)
DANCE XP	July 6 – August 7	\$150 per week	\$795
GAMER CAMP	July 6 – July 17	\$150 per week	\$345
BASKETBALL CAMP	July 6 – July 17	\$150 per week	\$345

WAIVER AND RELEASE

I agree that if I allow my minor child(ren) participate in the Christian Athletic Mentoring Program (CAMP) Dance Experience (the "Event") or use the Event facilities or Event premises, I do so at my own risk. I agree that I and my child(ren) are voluntarily participating in the Event and using Event facilities or premises and assume all risk of injury, illness, damage or loss to me, my child(ren) or my property that might result, including, without limitation, any loss or theft of any personal property. I agree on behalf of myself and my minor child(ren) (and our personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge the Christian Athletic Mentoring Program (and its affiliates, employees, agents representatives, successors, and assigns) from any and all claims or causes of action (known or unknown) arising out of their negligence. This Waiver and Release of liability includes without limitation, injuries which may occur as a result of (a) participation in the Christian Athletic Mentoring Program Dance Experience; (b) Christian Athletic Mentoring Program Summer Fit CAMP; (c) Christian Athletic Mentoring Program Corporation's, its parents' and affiliates' improper or negligent maintenance, conduct, instruction or supervision of the Event, Event facilities, premises or personnel; (d) or slipping and/or falling while using the Event facilities or surrounding premises.

I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability. By my signature below, I am waiving any right that I may have to bring legal action to assert a claim against Christian Athletic Mentoring Program Corporation, and affiliates for their negligence.

PARENT/GUARDIAN SIGNATURE: _____

DATE _____

MEDIA RELEASE

I give permission for photographs or television footage, which includes my child or me, to be used for Summer Fit CAMP promotional purposes on television, newspapers, magazines, websites or any other media.

PARENT/GUARDIAN SIGNATURE: _____

DATE _____

PARENTAL AUTHORIZATION

I grant approval for my child (full name) _____ to attend the Summer Fit CAMP Specialty CAMP indicated, and understand and agree to the policies and procedures of the CAMP.

PARENT/GUARDIAN SIGNATURE: _____

DATE _____

Summer Fit CAMP

7715 Crittenden Street, Suite 373
Philadelphia, PA 19118-4421
www.summerfitcamp.org

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