

# Summer Fit CAMP

www.summerfitcamp.org



## REGISTRATION FORM

Please complete the application in its entirety. Incomplete applications will not be accepted. In addition, all campers must have the medical history form, completed by a physician, to be admitted to Summer Fit 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 IN JUNE
PARENTAL / GUARDIAN INFORMATION				
MOTHER/GUARDIAN NAME	FIRST NAME		LAST NAME	
PRIMARY PHONE # (INCLUDE AREA CODE)			SECONDARY PHONE # (INCLUDE AREA CODE)	
EMAIL ADDRESS				
FATHER/GUARDIAN NAME	FIRST NAME		LAST NAME	
PRIMARY PHONE # (INCLUDE AREA CODE)			SECONDARY PHONE # (INCLUDE AREA CODE)	
EMAIL ADDRESS				
EMERGENCY CONTACT INFORMATION				
<i>In the event of an emergency Summer Fit 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.</i>				
CONTACT #1				
FULL NAME				
PHONE NUMBER			RELATIONSHIP TO CAMPER	
CONTACT #2				
FULL NAME				
PHONE NUMBER			RELATIONSHIP TO CAMPER	

**Registration Fee: \$45**

**Please submit a wallet sized photo of your camper with your completed application**

## 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 by Monday, June 29, 2020, and subsequent payments will be due each Monday. Summer Fit CAMP accepts credit cards, debit cards, money orders, or cash. Money orders must be made payable to: Christian Athletic Mentoring Program.

*(See "Parents' Guide" for explanation of late payment and pick-up fees)*

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

REGULAR CAMP FEE	8-SESSION PAID-IN-FULL CAMP FEE
\$199 Per Session	\$1,492.00

### PLEASE SELECT (X) THE SESSION YOUR CAMPER WILL ATTEND

Session #1	June 22 – June 26	
Session #2	June 29 – July 3	
Session #3	July 6 – July 10	
Session #4	July 13 – July 17	
Session #5	July 20 – July 24	
Session #6	July 27 – July 31	
Session #7	August 3 – August 7	
Session #8	August 10 – August 14	

## WAIVER AND RELEASE

I agree that if I allow my minor child(ren) participate in the Christian Athletic Mentoring Program (CAMP) Summer Fit CAMP (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 Summer Fit CAMP; (b) 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; (c) 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 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 Summer Fit CAMP, and understand and agree to the policies and procedures of the CAMP.

PARENT/GUARDIAN SIGNATURE:

DATE

### For Office Use

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

**Summer Fit CAMP**  
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[www.summerfitcamp.org](http://www.summerfitcamp.org)