

Summer Sports and Fitness Camp REGISTRATION 2009

Tape Current Picture of Camper

CAMPER INFORMATION (Please Print):

Name: _____ Age _____ Gender: ___ Female ___ Male
Home Address _____ Grade Entering (Fall 2009) _____

PARENT/GUARDIAN INFORMATION:

Parent or Guardian#1 _____ Email _____
Home Phone _____ Work Phone _____ Cell _____
Parent or Guardian#2 _____ Email _____
Home Phone _____ Work Phone _____ Cell _____

*SPECIAL PERMISSIONS (Photo ID must be shown at pick-up)

Persons authorized to pick-up my child(ren) (List at Least 2):

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

* Self-Checkout Permission: I _____ (parent/guardian), acknowledge and assume full responsibility for the risks involved in making this decision and hereby give my child(ren) _____ permission to depart the camp at _____ (time) on his/her/their own. **PARENT/GUARDIAN INITIAL** _____

***Pick-up after 4:35pm accrues a charge of \$1.00 per minute.*

*Permission for Water Activities: **I DO** _____ or **I DO NOT** _____ give my child permission to participate in water activities planned by the camp. **PARENT/GUARDIAN INITIAL** _____

*Advertising Permission: **I DO** _____ or **I DO NOT** _____ give permission to Fields & Jossi, LLC to take photographs and/or video of my child while participating in the camp. The purpose is to use these graphics to promote our program to the community. **PARENT/GUARDIAN INITIAL** _____

CAMPER'S SUPPLIES: Everyday - Athletic clothes and shoes, packed lunch, snack and beverage and towel for workout. **Swimming/Water Days** - Bathing suit, towel, and flip-flops. Sunscreen will be provided.

FOR OFFICE USE: Session(s) _____
 FT___ Days: M, T, W, H, F or All
 PT___ AM/PM Days: M, T, W, H, F
 SC___, WA___, AD___

Session Selection (Check all that applies):

Session Number & Dates	#1 June 8-12	#2 June 15-19	#3 June 22-26	#4 June 29- July 3
Session Rate \$130				
* Session Rate Extra Family Member \$120				
Daily Rate \$35 [Indicate which days]				
*Daily Rate Extra Family Member \$30				
Half-Day Rate \$25 [Indicate days and AM or PM] <i>AM is 8:30-12:30/PM is 12:30-4:30</i>				
*Half-Day Rate Extra Family Member \$20				
4 Session Special \$475 <i>Any 4 week combo</i>				
* 4 Session Special Extra Family Member \$450 <i>Any 4 week combo</i>				

Session Number & Dates	#5 July 6-10	#6 July 13-17	#7 July 20-24	#8 July 27-31
Session Rate \$130				
* Session Rate Extra Family Member \$120				
Daily Rate \$35 [Indicate which days]				
*Daily Rate Extra Family Member \$30				
Half-Day Rate \$25 [Indicate days and AM or PM]				
*Half-Day Rate Extra Family Member \$20				
4 Session Special \$475 <i>Any 4 week combo</i>				
* 4 Session Special Extra Family Member \$450 <i>Any 4 week combo</i>				

**Pick-up after 4:35pm accrues a charge of \$1.00 per minute.

****Make checks or money orders payable to Fields & Jossi, LLC and mail to:
 P.O. Box 357322
 Gainesville, FL 32635-7322**

E-mail: healthykidssummercamp@yahoo.com

****REFUND POLICY: If cancellation occurs before April 30, a full refund is provided, between May 1-May 31, half of full tuition is refunded. After June 1, no refund provided.**

Signature of Parent/Guardian

Date