



PHIT Registration Form

Participant's Name: _____

Participant's Grade Level: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail: _____

Emergency Contact & Relation: _____

Emergency Contact Phone Number: _____

T-Shirt Sizes: Youth S M L or Adult S M L

Food Allergies and/or Health Concerns/Conditions:

Parent Signature: _____ Date: _____

\$50 per participant
1st-6th | Mon, Wed, Fri
11:00am-1:00pm
June 22nd-July 22nd
5 weeks
No Camp-July 3rd

Limited Class Space Available

A program designed to get kids active and engaged over summer break, while also providing a healthy lunch three times a week. Each session will consist of various activities, games, crafts, and cooking. Camp will be held **Monday, Wednesdays, and Fridays** from **11:00am to 1:00pm**. The program will run five weeks beginning on **June 22nd** with the last session being on **July 22nd (no camp on July 3rd)**. Grade levels K-6th will be divided up to insure maximum benefits.

Registration Deadline: Monday, June 12th, 2026

Drop off form **with payment** at WRAC front desk or mail to the
WRAC at P.O. Box 447, Wray, CO 80758

Register early to ensure a spot in this session of PHIT Camp!!

Photo Release Consent Form

RELEASE FOR MINOR CHILDREN (Under 18) I, (print name) _____, parent or official guardian of (child's name) _____ hereby grant permission to the WRAC, to take and use: photographs and/or digital images of my child for use in news releases and/or educational materials as follows: printed publications or materials, electronic publications, or Web sites. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of the WRAC.

_____ (Signature of Parent or Guardian)

_____ (Date)

Formulario de consentimiento para la publicación de fotografías

AUTORIZACIÓN PARA MENORES DE EDAD (Menores de 18 años) Yo, (nombre en letra de imprenta) _____, padre/madre o tutor legal de (nombre del niño/a) _____ por la presente otorgo permiso a WRAC para tomar y usar: fotografías y/o imágenes digitales de mi hijo/a para su uso en comunicados de prensa y/o materiales educativos de la siguiente manera: publicaciones o materiales impresos, publicaciones electrónicas o sitios web. Acepto que el nombre y la identidad de mi hijo/a: puedan revelarse en texto descriptivo o comentarios relacionados con la(s) imagen(es). Autorizo el uso de estas imágenes sin compensación alguna para mí. Todos los negativos, copias impresas y reproducciones digitales serán propiedad de WRAC.

_____ (Firma del padre o tutor)

_____ (Fecha)