

Summer Camp 2025 Information

Dear Parents:

Thank you for your interest in our Summer Camp. We have several fun filled weeks planned for the children this Summer. We strive to keep your child engaged by offering activities that all the children will enjoy. This summer program will consist of 9 weeks of camp. Each week is packed with fun-filled activities, indoor and outdoor organized games, crafts, field trips and so much more. After a fun day at KidFit your child will come home excited to share their day with you.

Fees are as follows:

Activity fees: \$95 Registration Fee: \$50 Both Due at registration-

If attending: Eight (8) weeks or more: \$130 Per Week / Second Child: \$120 per week

Seven (7) weeks or less \$140 Per Week/ Second Child: \$130 per week

Camp Tee Shirts

If your child is enrolled by May 1st your child will receive a free field trip tee shirt. After that date you will need to pay \$15 per tee shirt. You may want to purchase an extra Field trip Tee, please order at the time of registration. Field trip tees are required on ALL field trips. Your child will not be able to attend without one.

<u>Please Note:</u> Your account will be drafted for all weeks registered. <u>Please choose carefully.</u> We have limited space available so please plan ahead. We will not be able to adjust any weeks after the registration date.

Choose your Themed Weeks are listed below: (X) below

Week #1	May 27th - May 30 th (Closed 26th)	"Mooov'n into Summer"	
Week #2	June 2nd - June 6th	"Wildlife Exploration"	
Week #3	June 9th - June 13th	"Pirates of KidFit"	
Week #4	June 16th - June 20th	"Wild, Wild, West"	
Week #5	June 23rd - June 27th	"KidFit's Got Talent"	
Week #6	June 30th - July 3rd (Closed 4th)	"All American Week"	
Week #7	July 7th - July 11th	"Blast from the Past"	
Week #8	July 14th - July 18th	"It's a Bug's Life"	
Week #9	July 21st - July 25th	"Water Week / Water Slide"	

Required items for camp: water bottle, swimsuit (girls- cover up), bath sized towel, (**NO BEACH TOWELS**), sunscreen, bug spray, swim bag. Please label everything with your child's name, so that it doesn't get lost. We wash and dry everything and return the children's things to their swim bag. Closed-toed shoes are required on all days except swim day.

Mrs. Rachel and Staff. :)



Summer Camp 2025 Enrollment – Registration Form

Parents, "to protect and promote the health and safety" of your child, please supply a **COMPLETE** response to every item on this form. This information is required by the Mississippi State Dept. of Health, and our Childcare Licensure Inspector.

Child's Full Name: (First)		(Last)			
School Attending	DO	В	Age		
Home Address:					
Parent's Name: (Mother)	-	(Fathe	er)		<u> </u>
(M) Cell		(F) Ce	ell		
(M) Work		(F) W	ork		
Place of Employment: (M) _		(F)			
Who may drop off and picl	up your child: ((Use name on ID)		
Name:	#	Relationship: _		_	
Name:	#	Relationship: _		_	
Name:	#	Relationship:		_	
Important: Please list any	medications you	r child takes or	any special needs	s they ma	ay have:
I have read the Parent Hand My child may be photograph My child's Photo may be pos Our staff may give my Child Does your child know how to	ed/videotaped at sted to our Kid Fit emergency medio	the facility: (Yes) Facebook page: cal treatment if ne	(No)(No)(No)_eded: (Yes)(No	o) _(No)	-
As parent/guardian, I acknowledge and understand that KidFit is a fitness-based program, which is based on being physically active. While our staff will try to prevent injuries from happening, injuries may happen from time to time. I understand KidFit does not have liability insurance and that you as a parent are responsible for your child's insurance coverage. I have been informed of there are no vacation weeks available for Summer Camp. Initial here: Please provide the director with any legal matters that may exist concerning custody issues with the child you are enrolling today. We will only release your child to the people listed above, any changes to this registration form must be made by the parent/guardian registering the child.					
Parent's Signature:			Date [.]		
Director Use Only: Enrollm					
Weekly Tuition: An					



BANK DRAFT FORM

Child's Name:	
Parent's Name:	Phone #
tuition will be drafted each week from the information changes, I will provide the drafted on Friday prior to the week you we will process drafts on the following to CHECK HERE IF YOU	erms and conditions stated in the KidFit Childcare Handbook. My child's he account information provided below. If at any time my account Director with change as soon as possible. Tuition payments will be our child attends. If Friday falls on a federal holiday or banks are closed, workday. UR CHILD IS CURRENTLY ENROLLED IN KIDFIT USE THE SAME BANK DRAFT INFORMATION CURRENTLY
Please provide account information be	low and attach a copy of a voided check.
Checking / S	Savings Account Information
Please check one of the following:	Checking Savings
Bank routing #	Bank account #
Bank Name:	
Account Holder's Signature:	Date:
Please Print Name:	Date:
There will be a \$30.00 NSF fee on tuition	on payments that have been returned or declined.
You will need to pay tuition and late treatment.	fees by cash no later than the Wednesday of that week your draft
We have the right to remove your chi	ild from the program if payment is not received.
Offic	ce Use Only:
Director's Signature:	Date:
Paid Today: Cash C	Check CC 1st Draft Date:
Draft Amount: Start Date: _	Siblings



The Energy Club

P.O. Box 316 • Long Beach, MS 39560

the ultimate in fitness

KIDFIT @ THE ENERGY CLUB MEMBERSHIP AGREEMENT

MEMBER INFORMATION

business day.

Parent Signature:

Parent Name		
Childs Name:	MEMBERSHIP INFORMATION TYPE: STATUS:	
Address:		STANDARD INDIVIDUAL
City:	State:Zip:	FULL ACCESS COUPLE CORPORATE FAMILY
Phone (Home):	School attendingDOB: _	x KID FIT SENIOR OTHER OTHER
Emergency Contact Name:	Phone:	<u></u>
Emergency Contact Name:	Phone:	MEMBERSHIP FEES: Disclosure:
	Phone:	1. Initiation Fee \$ 1.00 2. Adjustments \$ 3. Current Mnt. Dues \$ 1.00
Parent's information:		4. Other Fees \$ 5. Card Fee \$ 6. Total Due (3+4+5+6+7) \$
Name: (Mother)		(3+4+5+6+7) \$ 7. Amount Paid \$ 8. Amt. Due (Deferred) \$ 2.00
Cell# (Father)		Balance Due on Membership Plan: consecutive monthly payments of \$ 1.00 Total Due \$2.00 1st Installment Due20 The Energy Club Membership is
Cell#		paid in your weekly after school Fees.
agreement are authorized by or bine The terms of this agreement are mot expiration of the terms of this agree Dues entitle the Member to use the whether or not the Member actually labeled in the Member understands that he/she is (1) Relocation a distance of 10 mile (2) medical physician. Members may bring guests only in a of all charges incurred by those gue of activities of the Member and the no business offices. Unless the Member terminates his or basis at the expiration of the terms sixty days after the Club has received. Management of the Club may susper facilities by other members. Club management may, from time to members through normal means of the Member will be liable for payment attorney's fees. The Member/Parent acknow facilities. By use of the Club death, loss, cost, or damage The Members, his or her he for personal injury or prope for injuries or damage direct further certifies that he or sactivities in which he or she	contilly. Monthly dues for the terms of this agreement shall be \$ 1 per weement, the Club may adjust the dues. In Club facilities within the scope of the type of membership selected. The wast the Club facilities. It was the Club facilities and facilities and facilities and services, the Member/Parent hereby volue to his or her person or property which might arise from the facilities and services, the Member/Parent hereby volue to his or her person or property which might arise for the facilities and services, the Member/Parent hereby volue to his or her person or property which might arise for the facilities and services, the Member/Parent hereby the city caused by the willful misconduct of the officers, empty caused by the willful misconduct of the officers, empty caused by the willful misconduct of the officers, empty caused by the willful misconduct of the officers, empty caused by the willful misconduct of the officers, empty caused by the willful misconduct of the officers, empty caused by the willful misconduct of the officers.	ek (included in your weekly KIDFIT Fees). Upon Member is obligated to pay dues regardless of ay be canceled at Manager's discretion reasons of either. a written request to discontinue exercising from a ponsible for the conduct of their guests and the payment ying the Club in writing sixty days prior to the termination registered mail or by completing forms in the Club's ship will be automatically renewed on a month-to-month ardless of whether he or she uses the Club facilities until se actions are detrimental to the enjoyment of the Club a Club. Notice of these changes will be made available to tions to the Club, including court costs and reasonable ant in the use of Club services and ntarily assumes the risk of injury, accident, the use of the Club services or facilities. ses the Club from all claims or liabilities while on the premises of the Club. Member engage in the physical exercise or sports
agreement and if it is not understoo	o ensure that the Member understands the duties and responsibilities of od by the Member, he or she should consult an attorney of his or her cho	

FOR OFFICE USE ONLY

Club Representative Renewal Date: Member Number

If within 5 business days you decide you do not wish to remain a member, a certified mail notice to cancel must be received by The Energy Club by the 5th

day of

I (We) hereby apply for membership at **THE ENERGY CLUB**.

I (We) certify that I (We) have read and understand the terms of this agreement as well as the membership bylaws, the member handbook, and club rules and regulations, and agree to abide by such rules and regulations.

_ Membership Coordinator:



Liability Waiver and Medical Consent

Each & All participants must have this waiver entirely completed and signed.

Child Name:		
Parent's Name:	Address:	
Email		
Contact #:	#	
I/We hereby give approval possibility of physical injur consideration for KidFit, as programs, I/We hereby as discharge, absolve, indem Energy Club, and its affiliation owners, supervisors, direct activities, including the own activities, which transports in physical health of other participating in KidFit activities known to the instructor and would limit or prohibit the	We and the registrant will abide by the rules of Kal for the participation of my child/children in all Kary associated with recreational, competitive, and accepting the registrant for its KidFit activities, prossume all risk and hazards incident to such participated organizations and sponsors, their employees ctors, participants, persons of parents transporting viners of the facilities utilized for the activities, including I/We hereby authorize. Furthermore, I/We rewise that would limit or prohibit: (child's name) wities, exercise programs and/or game competition above-named person/camper from participating competitions or other Kid Fit sponsored activities.	AidFit activities. Recognizing the Wall forms/type of exercising and in ograms, field trips, exercise cipation, and I/We hereby release, ness Inc., DBA KidFit, DBA The es and associated personnel, the eng registrant to or from such cluding transportation to and from said know of no impairment of deficiency from ions. I/We agree to advise and make all health or any other condition that
Signature	Date	
emergency medical treatn	AL TREATMENT (MINOR) Ardian of the above-named person or persons, I/N Ment prescribed by a duly licensed Doctor of Med whatever conditions are necessary to preserve t	dicine or Doctor of Dentistry. The
Signature	Date	



THE FOLLOWING FORMS ARE FROM THE PARENTS' HANDBOOK - Section 7

Insurance Policy

As parent/guardian, I acknowledge and understand that Kid Fit is a fitness-based program, which is based on being physically active. While our staff will try to prevent injuries from happening, injuries may happen from time to time. I understand Kid Fit does not have liability insurance and that you as the parent are responsible for your child's insurance coverage. Please put a check in each circle below that pertains to you.

☐ I have completed my child's enrollment application and signed it.

□ I have completed the childo□ I have read and signed The	e billing form. Energy Club Membership Agreement.
As the parent of	, I hereby state that I have read and
	nd procedures written in the handbook.
Parent's Signature:	Date:
	KidFit Behavior Policy Acknowledgement
Parent's Name:	Child's Name:
Kid Fit Staff will use positive representation to avoid unwanted behaviors. group activities & settings with for soiling themselves, b) use harsh, humiliating, or frighteniabuse and/or neglect, e) with require a child to remain silent exhibit unwanted behavior, the behavior persist, the child may have a more in-depth discuss staff member or continuously reviewed with, and signed by even a phone call requesting disrespect of other campers an other students/staff will result discuss an action plan. Immediately to be at risk of causing in staff, especially in front of enrotoward staff members. Additionally in the complete required for the campine of the complete required for the campine of	agram are entitled to a safe, supervised, and supportive environment while in our care. The inforcement, consistency in following routines, and enforcing reasonable limitations as tools our goal as a staff team is always to help children develop and maintain self-control in the which they are presented. Staff members shall not: a) discipline children for failing to eat or ting, shaking, or any form of corporal punishment, c) use abusive language, ridicule, a treatment or other forms of emotional punishment, d) engage in or inflict any form of ld food, emotional responses, stimulation, or the opportunities for rest or sleep, or f) inactive for an inappropriately long period of time for the child's age. When a child does child will be warned and explained why such behavior is unacceptable. Should the doe separated from his/her peers for a time appropriate to the child's age, to cool down and in with a staff member. The child so removed will either be under the supervision of another sible to a staff member. If the behavior continues, a discipline report will be filled out, then parent upon pick-up. Serious behavior infractions may warrant an immediate report and ck-up. Ongoing inappropriate behavior, uncontrollable tantrums/angry outburst, chronic d/or staff, consistently not obeying camp rules, or any ongoing verbal or physical abuse of suspension from the program until a conference can be arranged with the Director to atte expulsion from the program would be necessary if: a) a child is deemed by program ry to him/herself, other children, or staff members b) if a parent exhibits verbal abuse to ed children, or c) if a parent threatens physical violence or shows intimidating actions all parental actions for temporary suspension or permanent expulsion could result from his, falsifying information on required forms, failure to pay, habitual lateness in payments, king up child/children). There will be no credits/refunds for suspensions or expulsions.



GC SHUTTLE, LLC PO Box 316, Long Beach. MS 39560

Waiver of Liability and Hold Harmless Transportation Agreement

Transportation will only be provided after this signed form is fully completed and returned to KidFit and received/approved by GC Shuttle LLC.

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	I hereby release, waive, discharge and covenant not to sue GC Shuttle LLC, the Board and its individual members, officers, agents, servants, or employees from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my minor child(ren), or any of the property belonging to me or my minor child(ren), as result of, or in any way arising out of me or my child(ren) traveling in vehicles owned or operated by GC Shuttle LLC.
2.	voluntarily assume full responsibility for any risks of loss.
3.	I further hereby agree to indemnify and hold harmless the releasees from any loss, liability, damage, or costs due to me or my minor child(ren) traveling in a vehicle or vehicles owned or operated by GC Shuttle LLC.
4.	I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed and enforced in accordance with the laws of the state of Mississippi.
5.	In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it, and sign it voluntarily as my own free act and deed.
6.	I understand the one-time \$5 transportation fee per child is included in the Summer Camp Registration fee.
	following must be fully completed & signed by parent/guardian prior to sportation.
PARI	ENT/GUARDIAN NAME (print clearly):
SIGN	NATURE: DATE: TIME:
PRIN	ITED NAME(S) OF MINOR CHILD(REN) TRAVELLING WITH GC SHUTTLE LLC:



REGISTRATION CHECKLIST & PARENT'S HANDBOOK ACKNOWLEDGEMENT

Please check off each that pertains to you:

I HAVE COMPLETED THE FOLLOWING REQUIRED FORMS:

- o Summer Camp 2025 Enrollment
- o Summer Camp 2025 Registration Form
- o Bank Draft Form
- o KidFit @ The Energy Club Membership Agreement
- o Liability Waiver and Medical Consent
- o Insurance Policy Acknowledgement
- o KidFit Behavior Policy Acknowledgement
- o GC SHUTTLE Waiver of Liability and Hold Harmless Transportation Agreement

As the parent/ guardian of: and understand the rules, policies, and procedures August 2024) as available at KidFit or online at www.	written in the Parent's Handbook. (Revised
Parent's Name:	-
Signature:	Date: