

“KIDS IN MOTION” Summer FIT Camp Registration Form

Balanced Fitness, 18321 E Appleway Ave, Spokane Valley, WA 99016, (509) 924 3606

BALANCED FITNESS STUDIO

509-924-3606

Camper Information form

First _____ Last _____

Gender: Male _____ Female _____

School Name _____ Grade _____ Birth date ____/____/____

Street Address _____

City _____ State _____ Zip code _____

Additional Sibling

First _____ Last _____

Gender: Male _____ Female _____

School Name _____ Grade _____ Birth date ____/____/____

Street Address _____

City _____ State _____ Zip code _____

Additional Sibling

First _____ Last _____

Gender: Male _____ Female _____

School Name _____ Grade _____ Birth date ____/____/____

Street Address _____

City _____ State _____ Zip code _____

***Please use the back to register additional siblings.**

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Parents/Guardians - Contact Information

First _____ Last _____ Ms. Mrs. Mr. Other _____

Cell phone _____ E-mail _____

First _____ Last _____ Ms. Mrs. Mr. Other _____

Cell phone _____ E-mail _____

Child lives with: _____

Person responsible for payment: _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Cell Phone _____

Work Phone _____ Email _____

Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____

Medical Release and Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

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Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Concerns/Problems

Required treatment

Should paramedic be called?

Yes / No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

I understand that Balanced Fitness Summer FIT Camp will not be responsible for any medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Targeted Age Groups for FIT Camp: Many activities will be divided into 2 targeted age groups (if needed) to allow for age appropriate activities and fitness levels: Ages 6- 9 and 10- 13 years old.

Camper T-Shirt Size: Youth Small _____ Youth Medium _____ Youth Large _____
Adult Small _____ Adult Medium _____ Adult Large _____

CAMP SESSIONS

Please indicate which camp sessions you are registering for.

Session 1: **June 24-28** _____ Save \$10 when registered by **June 3**

Session 2: **July 22- 26** _____ Save \$10 when registered by **July 1**

Session 3: **August 19- 23** _____ Save \$10 when registered by **Aug 3**

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Fees: (include 2 snacks daily, Friday lunch, and t-shirt)

Registration per camper. \$ 99 (Save \$10 for early registration)

Campership (1 per camp) \$ 0

(Separate application required and available when camp receives a company sponsorship)

DISCOUNTS:

Sibling Discount- Additional \$10 off per sibling of another fully registered camper.

Early Bird - \$10 off savings when registered by the indicated due date.

Balances to be paid in full Sunday before camp starts. Registration may be accepted at door if space allows.

_____ Enclosed is my check “Payable to Balanced Fitness” in the amount of: \$ _____

_____ I have already registered and paid through the website on this Date _____

Please mail, or bring all forms and cash or check payments to Camp Location:

Balanced Fitness
18321 E Appleway Ave
Spokane Valley, WA 99016

Checks: payable to Balanced Fitness

You can also scan and email it to balancedfit4u@gmail.com

Online registration is available at: www.balancedfitness4u.com, Online Payment Center, Kids Programs

Photo Release

I hereby give permission for my child to be photographed during the **Balanced Fitness Camp Director**. I understand the photos will be used to keep a journal of activities, and to possible share online for promotional purposes including flyers, brochures, newspaper, Facebook, and on the internet. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Balanced Fitness Studio Camp and its affiliates.

Parent’s/Guardian’s Initials _____

Balanced Fitness Studio and its organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's’ photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

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Printed Name of Parent/Guardian: _____

PLEASE KEEP FOR YOUR RECORDS

Balanced Fitness Studio
18321 E Appleway Ave
Spokane Valley, WA 99016
509-924-3606

FIT Camp Personnel:

Camp Director	Wendy Jackson	(509) 362-2135
Camp Director	Sandi Wasteney	(509) 499-0303

Website: www.balancedfitness4u.com

FaceBook: www.facebook.com/BalancedFitness,WellnessStudio