



Spring Break Camp Registration

Please read all information carefully. All requested information must be provided for your camper's registration to be complete.

1. CAMPER INFORMATION			
Camper's Name:	Age:	D.O.B.	<input type="checkbox"/> M <input type="checkbox"/> Fe
Parent/Guardian Full Name:			
Street Address:		City, State & Zip:	
Parent/Guardian Phone (home):		(work):	
(cell/pager):		E-Mail:	
Health Concerns:	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, briefly indicate health concerns below)		

2. CHILD RELEASE AUTHORIZATION		
I, _____ (parent/guardian signature) authorize BodyMoves, LLC/KidMoves Day Camp to release my child _____ (camper's name) to the following individuals who may pick up my child from camp. I understand that each person must be at least sixteen (16) years old, and that my child will not be permitted to leave the camp with anyone not listed below. All authorized persons will be required to show identification and sign the child out (do not include yourself) .		
Name:	Phone Number:	Relationship:
1. _____	_____	_____
2. _____	_____	_____

3. COST/FEES	4. PAYMENT OPTIONS
Ages 6 - 13 years: \$155.00 (6:00am - 7:00pm) Ages 4 - 5 years: \$165.00 (6:00am - 7:00pm) A 50% deposit is required at the time of registration. Balance is due at drop off on Campers first day of camp.	<input type="checkbox"/> Cash (At the center only) <input type="checkbox"/> Credit Card: MC/Visa/Amex <input type="checkbox"/> Personal Check/Money Order (payable to: <u>BodyMoves, LLC</u>) There is a \$30.00 fee for <u>all</u> returned checks.
Tuition includes Extended day care, all trips and activities, a healthy breakfast and 2 snacks. Campers must purchase a camp T-Shirt that is worn on all trips.	
T - Shirt Size: <input type="checkbox"/> child small <input type="checkbox"/> child medium <input type="checkbox"/> child large <input type="checkbox"/> adult small <input type="checkbox"/> adult medium <input type="checkbox"/> adult large <input type="checkbox"/> adult extra large	

5. HEALTH INFORMATION	
Primary Care Physician/Clinic Name:	Phone Number:
Street Address: _____ City, State & Zip: _____	
Health Insurance Carrier Name:	Camper's ID/Medical Records Number:
Emergency Contact:	Phone (Day):
Please attach a copy of camper's immunization record to this form. <u>Camper will not be allowed to start camp without proof of up to date immunizations.</u>	

6. LIABILITY RELEASE AUTHORIZATION (Please read carefully before signing)		
<p>1. I hereby give permission for the applicant to participate in all camp related program activities. I further acknowledge and understand that increased risk is involved in the participation of some of these activities. I agree to release BodyMoves, LLC/KidMoves Day Camp, it's officers, employees, and agents from any and all liability arising from any harm or injury incurred by the participation of my child in any program activities, excluding the gross negligence of BodyMoves, LLC/KidMoves Day Camp.</p>		
<p>2. Unless otherwise indicated in writing by a parent/guardian at the time of registration, photographs of participants for use in BodyMoves, LLC/KidMoves Day Camp promotions may be taken while participating in the program activities. No personal information other than the participants first name will be released.</p>		
<p>3. By way of copy of this form, I authorize the staff of BodyMoves, LLC /KidMoves Day Camp to obtain medical/hospital treatment for the above participant in the event of an emergency.</p>		
_____	_____	_____
Print Name of parent/guardian	Parent/guardian Signature	Date

7. AGREEMENT OF TERMS & CONDITIONS (Please read carefully before signing)	
I have completely read this document and I understand and acknowledge all of the terms and conditions therein. Furthermore, I agree to uphold all of the terms and conditions of this document as they pertain to my child's enrollment in BodyMoves, LLC/KidMoves Day Camp.	
_____	_____
Parent/Guardian Signature	Date
_____	_____
Print name of Parent/Guardian	Date



Spring Break Camp Permission /Waiver Form

This form must be read and signed by a parent or guardian before a child can attend camp.

Waiver

I understand that BodyMoves, LLC/KidMoves Day Camp assumes no responsibilities for injuries or illness which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any dance, tumbling, cheering or martial arts activities, sports programs, exercise, games, or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness, which may result from his/her participation in these activities. I hereby release and discharge BodyMoves, LLC/KidMoves Day Camp, its agents, servants, and employees from any and all claims for injury, illness, death, loss, or damages which he/she suffers as a result of his/her participation in these activities.

I understand that BodyMoves, LLC/KidMoves Day Camp is not responsible for personal property lost or stolen while participants are in the BodyMoves facility or on the BodyMoves premises.

I give permission to BodyMoves, LLC/KidMoves Day Camp to use without limitation or obligation, photographs, film footage or tape recordings, which may include my child's image or voice for purposes of promoting BodyMoves, LLC/KidMoves Day Camp programs. No personal information about my child will be released other than his/her first name

Acceptance

I acknowledge the Waiver and accept the conditions set forth above. Please sign and date as indicated below.

Child's Full Name: _____
(Please print)

Signature of Parent/Guardian: _____ Date: _____

Permission Waiver

I hereby grant permission for my child to be transported by BodyMoves, LLC vehicle or private charter vehicle for BodyMoves, LLC/KidMoves Day Camp activities and field trips. I also give permission for my child to walk to and from camp activity as necessary. In case of medical emergency, I understand that every effort will be made to contact my emergency contact or me. If I or the emergency contact (listed on registration form) cannot be reached, I give permission to BodyMoves, LLC/KidMoves Day Camp Director or their representative to secure the medical treatment deemed necessary for my child; including hospitalization, injection, anesthesia or surgery.

Signature of Parent/Guardian: _____ Date: _____