



SUMMER FITNESS CAMP REGISTRATION FORM 2008

Please fill in this form and hand it in to front desk or fax to (905-275-1089)

Participant 1:

Last Name: _____ First Name: _____

Age: _____ Date of Birth: _____ (day/mth/yr)

Health Card #: _____

Special Health Needs/Allergies: _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Wk 1 (*June 30-July 4) | <input type="checkbox"/> Wk 4 (July 21-25) | <input type="checkbox"/> Wk 7 (Aug 11-15) |
| <input type="checkbox"/> Wk 2 (July 7-11) | <input type="checkbox"/> Wk 5 (July 28-Aug 1) | <input type="checkbox"/> Wk 8 (Aug 18-22) |
| <input type="checkbox"/> Wk 3 (July 14-18) | <input type="checkbox"/> Wk 6 (*Aug 5-8) | <input type="checkbox"/> Wk 9 (Aug 25-29) |

PLEASE SELECT OPTIONS:

Swimming Lessons Lunch Program Extended Hours Care

Aqua Quest Level: _____

Participant 2:

Last Name: _____ First Name: _____

Age: _____ Date of Birth: _____ (day/mth/yr)

Health Card #: _____

Special Health Needs/Allergies: _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Wk 1 (*June 30-July 4) | <input type="checkbox"/> Wk 4 (July 21-25) | <input type="checkbox"/> Wk 7 (Aug 11-15) |
| <input type="checkbox"/> Wk 2 (July 7-11) | <input type="checkbox"/> Wk 5 (July 28-Aug 1) | <input type="checkbox"/> Wk 8 (Aug 18-22) |
| <input type="checkbox"/> Wk 3 (July 14-18) | <input type="checkbox"/> Wk 6 (*Aug 5-8) | <input type="checkbox"/> Wk9(Aug25-29) |

Swimming Lessons Lunch Program Extended Hours Care

Aqua Quest Level: _____

Contact Information:

Parent or Guardian:

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business: _____

Cell: _____ **Email:** _____

Emergency contact: (must be different from the above information)

Last Name: _____ First Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Home Phone: _____ Business: _____
Cell: _____ Email: _____

IMPORTANT: Name of guardian/s for child/ren pick up _____

Method of Payment:

Are you a member? No Yes: Member # _____
 Payment to member account
 Visa
 Master Card
 American Express
 Cheque/Debit

Cardholders Name: _____

Card Number: _____ Exp: _____

Participant(s) Permission:

I give my permission for:

- Supervisors or a representative of the Fitness Institute administer the appropriate care in the event of an emergency or any situation where care is needed (hospitalization, first aid etc.)
- Supervisors to take my children off the property of the Fitness Institute to nearby parks for recreation.
- My children's picture to be taken for the purposes of promoting junior programs at the Fitness Institute.

Parents Signature: _____ Date: _____

Please contact Lori Lewis, Junior Program Director, for further questions or registration. We look forward to seeing your child/ren in camp!

(phone) 905-275-0610 ext.206
(fax) 905-275-1089
llewis@fitnessinstitute.com
www.fitnessinstitute.com