

Camp-a-palooza Camper Information & Medical form.....489-7575

Office only

Name: _____

Child's Name _____ Sex _____ DOB ____/____/____ Home Phone _____

School _____ Grade (Fall'09) _____ Has your child attended Camp-a-palooza before? _____ Year? _____

Address _____ City _____ State _____ Zip _____

Parent/guardian _____ Phone _____ Cell: _____

Address _____ City _____ State _____ Zip _____ Bus. Ph. _____
(if different than above)

Second parent/guardian/emergency contact _____ Phone _____ Cell: _____

Address _____ City _____ State _____ Zip _____ Bus. Ph. _____
(if different than above)

Email address: _____

Student Drop off & Pick up Information

- For your child's safety, please accompany your child into & out of the facility and sign in & out everyday.
- Check-in is between 8:45am-9am. Any campers that arrive before 8:45am will be billed at the before-care rate of \$9.00. Please note: our counselors are in meetings prior to 8:45am.
- Pick-up is between 3:45-4:00pm. After 4pm your child will be taken to after-care and you will be charged \$9.00. All after care campers need to be picked up no later than 6pm.

Please list those adults to whom your child may be released and picked up.

Name	Phone 1	Phone 2	Relationship

Please list anyone who doesn't have permission to pick up your child: _____

Please list any friends that your child would like to be placed with: _____ Grade: _____

Friend #2: _____ Grade: _____

Are there any Kids First classes that we need to take your child to during camp or during aftercare? _____

If yes, please list: _____

Group: _____

Year: _____

Your Child

Does not eat: Red Meat Pork Dairy Products Poultry Seafood Eggs Other _____

Allergic to: Bee Stings Peanuts Tree Nuts Dairy Sun screen Other _____

Medication allergies/Sensitivities: _____

Is an epi-pen needed for any of the allergies above? _____

What type of reaction does your child have to stings? _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Camp-a-palooza Camper Information & Medical Form.....489-7575

Immunizations and History

(Give year of last immunization)

- ___ DPT Series
- ___ Tetanus Booster
- ___ Polio
- ___ Mumps
- ___ Tuberculin Test
- ___ German Measles (Rubella)
- ___ Hepatitis B series
- ___ Chicken Pox

Does your child have any of the following medical conditions:

- Asthma
- Asperger
- Autism
- Blood clotting disorders
- Diabetes
- Down syndrome
- Seizures
- Any other mental /medical issues or information that would be helpful to us and that would aid in an emergency :

Has your child been exposed to or had: Date: _____

- Rheumatic Fever _____
- Chicken Pox _____
- Measles _____
- German Measles _____
- Mumps _____
- Other _____

Explain any restrictions your child may have on activities:

What are some goals that you would like your child to accomplish at camp? (such as social skills, physical strength, self esteem) _____

Is your child currently taking any medications? _____ If so, please list: _____

Will your child be taking any medications while at camp or need an inhaler or epi-pen? _____ If so, please fill out the medication form.

I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to martial arts, dance, gymnastics, tumbling, trampoline, cheerleading, ball sports and swimming and diving. In addition, swimming or activities in or around water can result in brain damage or drowning. I am also aware that participation in day camps involves transportation to and from various field trips and as a result my child could be injured or killed in an accident. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Queen City Gymnastics Center, Inc., dba, Kids First Sports Center ("Kids First Sports Center") programs, camps, and activities and I **ACCEPT ALL RISKS** associated with that participation.

In consideration for allowing my child(ren) to use these facilities I, on my own behalf and the behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE** Kids First Sports Center, its officers, directors, share holders, employees, or agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of Kids First Sports Center including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In the event of an accident or emergency I would like my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold Kids First Sports Center and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child(ren) as a result of any injury sustained while participating at or for Kids First Sports Center.

I have read and understand this **ASSUMPTION OF RISK** and **WAIVER OF LIABILITY** and **MEDICAL AUTHORIZATION** and I **VOLUNTARILY** affix my name in agreement.

Parent/ Legal Guardian's Signature _____

Date _____



Camper's Name: _____ Phone #: _____

camp-a-palooza summer camp worksheet.....489-7575

ELEVEN WEEKS PER SUMMER:

- Week 1- June 8-12 Week 2- June 15-19 Week 3- June 22-26 Week 4- June 29-July 3
- Week 5- July 6-10 Week 6- July 13-17 Week 7- July 20-24 Week 8- July 27-31
- Week 9- Aug 3-7 Week 10- Aug 10-14 Week 11- Aug 17-21

Cancellations:

Must be made the Wednesday prior to the week of attendance. (No refunds, credits or rescheduling will be permitted after the cancellation deadline.)

Parent initials _____


20% Family Discount:

The Kids First Family Discount applies only for siblings attending Camp-a-palooza *simultaneously* (no discounts for different camp weeks). The Kids First Family Administration fee is NOT required for day camps.

If you attend 9 FULL weeks of camp, your 10th and/ or 11th FULL week is **50% off**.

Two Day Minimum:

The minimum number of days per week you can sign up for is two. They do not need to be consecutive.

Program	CAMP-A-PALOOZA TUITION (per week)		
	Student 1	Student 2	Late Reg. (After the Wed prior to week attending)
Camp-a-palooza	\$225.00	\$180.00	\$245.00
Daily Rate	\$50.00	\$40.00	\$70.00
Before Care (7:30-9am)	\$45.00	\$36.00	
After Care (4-6pm)	\$45.00	\$36.00	
Before & After	\$80.00	\$64.00	
T-Shirt Replacement	\$7.00 per shirt *Shirts must be worn on field trip days.		

Office use

WEEK 1 - June 8-12

Week 1-June 8-12 \$ _____

Daily x _____ \$ _____

Circle Days: M T W R F

Before Care x _____ \$ _____

After Care x _____ \$ _____

TOTAL \$ _____

WEEK 2 - June 15-19

Week 2-June 15-19 \$ _____

Daily x _____ \$ _____

Circle Days: M T W R F

Before Care x _____ \$ _____

After Care x _____ \$ _____

TOTAL \$ _____

WEEK 3 - June 22-26

Week 3-June 22-26 \$ _____

Daily x _____ \$ _____

Circle Days: M T W R F

Before Care x _____ \$ _____

After Care x _____ \$ _____

TOTAL \$ _____

WEEK 4 - June 29-3

Week 4-June 29-3 \$ _____

Daily x _____ \$ _____

Circle Days: M T W R F

Before Care x _____ \$ _____

After Care x _____ \$ _____

TOTAL \$ _____

WEEK 5 - July 6-10

Week 5-July 6-10 \$ _____
 Daily x _____ \$ _____

Circle Days: M T W R F

Before Care x _____ \$ _____
 After Care x _____ \$ _____

TOTAL \$ _____

WEEK 6 - July 13-17

Week 6-July 13-17 \$ _____
 Daily x _____ \$ _____

Circle Days: M T W R F

Before Care x _____ \$ _____
 After Care x _____ \$ _____

TOTAL \$ _____

WEEK 7 - July 20-24

Week 7-July 20-24 \$ _____
 Daily x _____ \$ _____

Circle Days: M T W R F

Before Care x _____ \$ _____
 After Care x _____ \$ _____

TOTAL \$ _____

WEEK 8 - July 27-31

Week 8-July 27-31 \$ _____
 Daily x _____ \$ _____

Circle Days: M T W R F

Before Care x _____ \$ _____
 After Care x _____ \$ _____

TOTAL \$ _____

WEEK 9 - Aug 3-7

Week 9-Aug 3-7 \$ _____
 Daily x _____ \$ _____

Circle Days: M T W R F

Before Care x _____ \$ _____
 After Care x _____ \$ _____

TOTAL \$ _____

WEEK 10 - Aug 10-14

Week 10-Aug 10-14 \$ _____
 Daily x _____ \$ _____

Circle Days: M T W R F

Before Care x _____ \$ _____
 After Care x _____ \$ _____

TOTAL \$ _____

WEEK 11 - Aug 17-21

Week 11-Aug 17-21 \$ _____
 Daily x _____ \$ _____

Circle Days: M T W R F

Before Care x _____ \$ _____
 After Care x _____ \$ _____

TOTAL \$ _____

Tuition Info:

CAMP-A-PALOOZA	\$225.00	
DAILY RATE	\$50.00	
BEFORE CARE	\$45.00	> BOTH \$80.00
AFTER CARE	\$45.00	
DAILY RATE	\$9.00	

Payment Information

TOTAL ENCLOSED.....\$ _____ Paid by: Check Credit Card \$ _____

Name on the card: _____ Card Number: _____ Exp. Date: _____

Signature: _____

I authorize Kids First Sports Center to keep my credit card on file and automatically charge my fees the Wednesday prior to week attending. _____ (initial)



