

CHILDS INFORMATION

CHILDS NAME _____ AGE _____

ADDRESS _____

*ALLERGIES YES NO

If yes please note _____

PARENT / CARETAKER INFORMATION – please print clearly

NAME _____ EMAIL _____

EMERGENCY CONTACT NUMBER _____

ADDRESS: if different from above _____

CAMP DATES & TIMES

Session 1	JUNE 26-27-28	10am - 12pm
Session 2	JULY 10-11-12	10am - 12pm
Session 3	JULY 24-25-26	10am - 12pm

\$60/session

_____ TOTAL

DETAILS FOR PARENTS: Please pack water!

Checks, credit card, and cash are accepted, checks to be made out to Ellis Athletic Center. Please turn in camp forms at the Front Desk.

Recommended ages 9 – 15yr.

The undersigned acknowledges that they have examined the facilities and that they accept them in the present condition. Furthermore, the undersigned voluntarily assumes any and all risk involved in the use of the facility, equipment and personnel and releases the club from all claims and liabilities; I, the undersigned, voluntarily assume all risks of injury while using any of FACTS Inc. equipment or Ellis Athletic Center facilities. The possible risks associated with physical activity include but are not limited to muscle strain, muscle tear, shin splints, broken bones, heat related injuries, abnormal heart beat, abnormal blood pressure and in rare instances heart attack or death. I voluntarily waive any and all claims of injury against FACTS, Inc.; Fitness Awareness Consulting Teams, Inc.; FACTS Fitness, Inc.; Ellis Athletic Center, LLC; Berwind Property Group; BPG Real Estate Investors, Straw Party I, LP; BPG Management Co.; its trustees, officers, employees, agents and contractors.

PARENT SIGNATURE _____

DATE _____

