

2010 Summer Sports & Fitness Camp Registration Form

Camp Session	Full Time Weekly Rate	• Part Time Weekly Rate
	\$135.00	\$100.00
June 14-18	<input type="checkbox"/>	<input type="checkbox"/>
June 21-25	<input type="checkbox"/>	<input type="checkbox"/>
June 28-July 2	<input type="checkbox"/>	<input type="checkbox"/>
July 5-9	<input type="checkbox"/>	<input type="checkbox"/>
July 12-16	<input type="checkbox"/>	<input type="checkbox"/>
July 19-23	<input type="checkbox"/>	<input type="checkbox"/>
July 26-30	<input type="checkbox"/>	<input type="checkbox"/>
August 2-6	<input type="checkbox"/>	<input type="checkbox"/>

Eight Week Full Time Special \$945

Eight Week Part Time Special \$700
(Early Registration Specials good through May 17th)

Registration Fee \$25.00
(one time fee per family)

Total(\$): _____

****REFUND POLICY: If cancellation occurs before April 30, a full refund is provided, between May 1-May 31, half of full tuition is refunded. After June 1, no refund provided.**

Late Pickup Notice: If your child is not signed out by 5:10, a \$5 fee will be assessed for every 15 minutes thereafter. _____ **Parent/Guardian Initials**

Camper's Name _____

Gender _____ DOB _____ Age _____

Parent(s) _____

Address _____

Parent 1 Work/Cell# _____

Parent 2 Work/Cell# _____

Email _____

Any medications to be administered during camp? ___Yes or ___No If yes, please attach written and signed instructions from physician for administering medicine.

Health Insurance Company _____

Policy# _____ Phone _____

List any **Pre-existing Conditions** that the camp directors need to be aware of _____

Assumption of Risk and Hold Harmless Agreement: In accordance with the above, I understand the inherent risks associated with exercise and/or sports activities and voluntarily assume responsibility. In accordance with the above, "I agree not to bring legal action or suit against Fields & Jossi, LLC, its agents, employees, volunteers, heirs, sponsors or staff, emergency personnel, the physicians, the School Board of Alachua County, Westwood Middle School, its staff, volunteers, agents, or sponsors regarding emergency care, injury, loss or damage to the participant or property while participating in this camp. _____ **Parent/Guardian Initials**

Consent for Emergency Medical Care: I authorize the directors and/or staff of this camp to act for me according to their best judgment in any emergency which requires medical attention. _____ **Parent/Guardian Initials**

Illustration & Publication Permission: I permit Fields & Jossi, LLC to use, in whole or part, photographs, videos, written extractions, and voice recordings of my child. _____ **Parent/Guardian Initials**

Required for Camp – Physician's Approval:

_____ (camp participant) has medical approval to participate in any and all activities that may be provided by the Sports & Fitness Camp Program.

Physician's Signature _____ Date _____

A copy of school physical dated after June 14, 2009 will be accepted in place of a physician's approval.

**Complete and send with check
made payable to:**

**Fields & Jossi, LLC
P.O. Box 357322
Gainesville, FL 32635-7322**

Or

**Visit our website to pay by credit
card online!**