The Fitness Center at South Shore Harbour

Kids Summer Camp

1 Week Sessions Monday-Thursday

12 PM TO 4 PM

Member #	(If applicable)
	2024 Registration Form
	(Limit 50 children per session)
Child's Name	Male/Female DOB Age
Address	City/ST/Zip
E-Mail	
Phone # (Cell)	tion (Work)
Does your child need as	sistance with swimming? Yes or No
List people who have pe	rmission to pick up your child:
List anyone who is NOT	allowed to pick up your child:
	Fees are due first day of each session. NO REFUNDS.
	Circle age group 5-8 years old 9-12 years old
Circle one or more	1) June 3 rd -6 th 2) June 10 th 13 th 3) June 17 th – 20 th 4) June 24 th – 27 th
Sessions	5) July 8 th – 11 th 6) July 15 th – 18 th 7) July 22 nd – 25 th 8) July 29 th – Aug. 1 st
	Circle Payment Type: Member Charge Check Cash Credit Card Members: \$130 per session (no tax) Non-Members: \$160 (no tax) \$110 each additional sibling \$145 each additional sibling
<u> </u>	g allowed to participate in any way in The Fitness Center at South Shore Harbor's programs, related events and
	<u>med, acknowledge, appreciate, and agrees that:</u> om the activities involved in this program is significant, including the potential for permanent paralysis and
	rticular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, and
	FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE
	s, and assume full responsibility for my participation; and
	comply with the stated and customary terms and conditions for participation. If however, I observe any unusual
nearest official imm	·
	behalf of my heirs, assigns, personal representatives and next to kin, HEREBY RELEASE, INDEMNIFY, AND HOLD
	ess Center at South Shore Harbor, their officers, officials, agents and/or employees, other participants, s, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event
	H RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER
-	NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
I HAVE READ THIS RELEA	SE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND UNDERSTAND
THAT I HAVE GIVEN UP S	SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.
Participant's Signature _	Age Date
	RENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE (UNDER AGE AT TIME OF REGISTRATION)
•	s parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as
=	e releases, and, for myself, my heirs, assigns, and next to kin, I release and agree to indemnify and hold harmless
-	Id all liability incidents to my minor child's involvement or participation in these programs as provided above, IHE NEGLIGENCE OF THE RELEASES, to the fullest extent permitted by law.
	lame Date
	Emergency Contact