

Forever-Fit Summer Camp

APPLICATION FORM

(Child must be between the ages of 8-12 and above 85% in BMI.)

CHILD INFORMATION

Name: _____ (M / F) Age: _____ D.O.B _____

Street Address: _____ Home Phone: _____

City: _____ ST: _____ Zip: _____

Does your child currently attend an IPS school? (Y / N) If yes, which one:

Is your child currently affiliated with a weight loss program? (Y / N) If yes, which one:

Please list any physical problems or allergies of which we must be aware (detailed medical form to follow):

PARENT / GUARDIAN INFORMATION

(Please complete at least two of the below contacts)

Father's Name: _____ Work # _____ Cell # _____

Mother's Name: _____ Work # _____ Cell # _____

Guardian's Name: _____ Work # _____ Cell # _____

Emergency Contact: _____ Work # _____ Cell # _____

OPERATING HOURS

Forever-Fit Summer Camp dates are June 13 through July 29 (no camp the week of July 4th). Camp hours will run from 8:30 am to 4:30 pm* Monday through Wednesday and Friday. Camp hours for Thursday are from 8:30 a.m. – 7:00 pm with parent/family participation between 5:30 -7:00 pm.*

Drop off hours start at 7:30 am and pick up ends at 5:30 pm.

FIELD TRIPS / ACTIVITIES

My child has permission to participate in any and all field trips and activities. I understand that I assume full responsibility for my child/ren. In event of any injury, I give permission for Children's Better Health Institute (CBHI) to seek proper medical attention at the nearest medical facility. I release any liability to CBHI. I understand I will be notified accordingly.

Name of Physician / Provider _____ Phone#: _____

DRESS CODE / UNIFORM

Children will be participating in physical activities and must dress by wearing modest apparel. Children are not to wear short-shorts, skirts, muscle shirts, or spaghetti straps.

Guardian Signature: _____ Date: _____



Children's Better Health Institute

