

# Camp Edge 2009 Registration Form



Mail registration form to: **Sports & Fitness Edge of Williston**  
**Attn: Bob Hunt**  
**115 Wellness Drive, Williston, Vt. 05495**

Parent/Guardian Name Last: \_\_\_\_\_ First: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency contact person and phone number: \_\_\_\_\_

	Child 1	Child 2	Child 3
Name			
Age and DOB			
Grade completed 6/2009			
Allergies			
Medications			
Swim Level			
Membership Status	Ultimate Edge Member Non-Member	Ultimate Edge Member Non-Member	Ultimate Edge Member Non-Member

**NUMBER OF DAYS:** (check one) \_\_\_ 2 days \_\_\_ 3 days \_\_\_ 4 days \_\_\_ 5 days

**Circle days:** Mon Tue Wed Thu Fri **CAMP EDGE HOURS:** 12:30 - 5:30pm

**CAMP SESSIONS:** (check all that apply)  
 \_\_\_ June 29th - July 3rd  
 \_\_\_ July 6th - July 10th  
 \_\_\_ July 13th - July 17th  
 \_\_\_ July 27th - July 31st  
 \_\_\_ August 3rd - August 7th  
 \_\_\_ August 10th - August 14th  
 \_\_\_ August 17th - August 21st

WEEKLY RATES:	5 Day	4 Day	3 Day	2 Day
Member:	\$100	\$90	\$75	\$50
Non-member	\$110	\$95	\$80	\$60

**PAYMENT INFORMATION:** All deposits and payments are non-refundable.

\_\_\_ Check - Please make checks payable to **Sports & Fitness Edge of Williston**

\_\_\_ MC/VISA Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Total amount due for summer: \_\_\_\_\_ Signature: \_\_\_\_\_

Once camp begins June 29, 2009 you are responsible for payment of the schedule you committed to do on the registration form. Any changes to your schedule must be made prior to June 19, 2009.

**\$50 deposit per child due now:** \_\_\_\_\_ **Balance Due Day One:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Camp Edge Health and Permission Form

Mother's Name \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Father's Name \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Place of Employment \_\_\_\_\_

If Parent/Guardian cannot be reached, call: \_\_\_\_\_ (phone) \_\_\_\_\_

Or, call: \_\_\_\_\_ (phone) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ (phone) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ (phone) \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

Indicate any serious medical conditions (allergies, recurring illnesses, disabilities, chronic illnesses, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Allergic to: \_\_\_\_\_

List the names of any medications applicant is presently taking and for what medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

Date of most recent tetanus immunization: \_\_\_\_\_

I give permission for my child to participate in all the Sports & Fitness Edge on and off site activities during the camp. I agree that in case of an accident involving my child while attending this camp, I release the Sports & Fitness Edge employees and volunteers from any and all liability caused by claims from injury or damage my child may have sustained from use of premises or equipment while participating in any camp activity.

I give permission for camp staff to administer bug spray and suntan lotion to my child during camp. I also give permission for camp staff to document campers through photographs of campers participating in sports, crafts and camp life.

The Sports & Fitness Edge has adopted the following procedures in caring for your child when he/she becomes sick or injured while attending camp: (1) The camp will call home. If there is no answer (2) the camp will call the mother's, father's or guardian's place or employment. If there is no answer, (3) the camp will call the other phone numbers listed and the physician. If none of the above answer, the camp will call an ambulance, if necessary, to transport the child to a local medical facility. (4) Based on the medical judgment of the attending physician, the child may be admitted to a medical facility. (6) The camp will continue to call the parent or guardian until one is reached. If the camp authorities follow the procedure I agree to assume all expenses for moving and medically treating the camper. I also hereby consent to any treatment, which may be carried out based on the medical judgment of the attending physician.

In case of an emergency, I give permission to the appropriate personnel to properly transport my child to a medical facility for care. I understand that Sports & Fitness Edge DOES NOT provide medical insurance and that I will be responsible for all medical expenses incurred.

I understand that if my child needs adult assistance/aid during his/her school day then he/she may not attend camp without the same assistance. This assistance must be provided by the parent or school system; Sports & Fitness Edge is not responsible for hiring or providing compensation for additional staff needed for an individual child. For questions or specific situations please talk directly to the director.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_