

Wellness Center 2024 Fit Kids Summer Camp Registration

CAMPER'S NAME (print)

PARENT'S NAME

ADDRESS

CITY

STATE

ZIP

HOME PHONE

WORK PHONE

CELL PHONE

Cost per day: \$50

Cost per Week: \$165 **not including transportation and special events**

Please put a check mark under the day(s) the child will be attending summer camp.

Wk1 Football/Cheer (June 3-June 7)

- Monday - 2\$ Transportation fee
- Tuesday + Bowling - \$5 bus fee *bring \$14 cash for bowling
- Wednesday -\$2 bus fee
- Thursday
- Friday -\$2 bus fee

WEEK TOTAL:

WK2 Soccer (June 10-14)

- Monday -\$2 bus fee
- Tuesday + Law Enforcemnt Day -\$2 bus fee
- Wednesday + Library Day \$2 bus fee
- Thursday + Kroc Center - \$24 (\$16 bus & \$8 kroc)
- Friday -\$2 bus fee

WEEK TOTAL:

WK3 Ol' Fashion Fun (June 17-21)

- Monday -\$2 bus fee
- Tuesday + Law Enforcement Day -\$2 bus fee
- Wednesday + Library - \$2 bus fee
- Thursday + Worlds Largest Swim lesson -\$2 bus fee
- Friday + Saur-Beckmann Farm -\$5 bus fee

WEEK TOTAL:

WK4 Tennis/Pickle Ball (June 24-28)

- Monday -\$2 bus fee
- Tuesday + Bowling -\$5 bus fee *bring \$14 cash for bowling
- Wednesday + Library - \$2 bus fee
- Thursday + Kroc Center -\$24 (\$16 bus & \$8 kroc)
- Friday - \$2 bus fee

WEEK TOTAL:

WKS Golf (July 1-5)

- Monday -\$2 bus fee
- Tuesday + Bowling -\$5 *bring \$14 cash for bowling
- Wednesday + Library Day -\$2 bus fee
- Thursday - **CLOSED**
- Friday -\$2 bus fee

WEEK TOTAL:

WK6 Wheels (July 8-12)

- Monday - \$2 bus fee
- Tuesday + Law Enforcement Day - \$2 bus fee
- Wednesday + Library Day \$2 bus fee
- Thursday + Kroc Center -\$24 (\$16bus & \$8 Kroc)
- Friday -\$2 bus fee

WEEK TOTAL:

WK7 Olympic Games (July 15-19)

- Monday -\$2 bus fee
- Tuesday + Bowling -\$5 bus fee *bring \$14 cash for bowling
- Wednesday + Library Day -\$2 bus fee
- Thursday
- Friday + Saur Beckmann Farm -\$5 bus fee

WEEK TOTAL:

WK8 Basketball (July 22-26)

- Monday -\$2 bus fee
- Tuesday +Law Enforcement Day -\$2 bus fee
- Wednesday -\$2 bus fee
- Thursday + Kroc Center -\$24 (\$16 bus & \$8 kroc)
- Friday -\$2 bus fee

WEEK TOTAL:

WK9 Baseball/Softball (July 29- August 2)

- Monday -\$2
- Tuesday + Bowling -\$5 *bring \$14 cash for bowling
- Wednesday -\$2 bus fee
- Thursday
- Friday -\$2 bus fee

WEEK TOTAL:

Wk10 camping (August 5-9)

- Monday -\$2 bus fee
- Tuesday + Bowling - \$5 *bring \$14 cash for bowling
- Wednesday + Jellystone Park -\$31 (\$16 bus + \$15 park)
- Thursday
- Friday -\$2 bus fee

WEEK TOTAL:

Office Use Only

- Health History Form
- Immunization
- Payment Form
- Employee Initials



PARTICIPANT INFORMATION

		Date of Birth ____/____/____
Child's First Name	Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City	State /Zip
Home Phone	Other Phone	E-mail address

I am aware that I'm responsible for turning in an immunization for my child before the first day of camp.

Child's Doctor _____

I understand.

Doctor's Phone _____

Please check any following medical conditions that your child is experiencing now has experienced in the past.

<input type="checkbox"/> None	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Allergies	<input type="checkbox"/> Joint Pain	<input type="checkbox"/> Juvenile Arthritis	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Irregular Heartbeat	<input type="checkbox"/> Muscle Pain or Injury	<input type="checkbox"/> Back Pain	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Obesity	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	

If you checked any of the above risk factors, please explain how they relate to your child. _____

Explain any other health problems/ limitations. _____

Explain any medication your child is taking. _____

To further inform the instructor, please check any of the following that pertain to your child.

<input type="checkbox"/> Physical Inactivity	<input type="checkbox"/> Contacts/Glasses	<input type="checkbox"/> Attention Deficit
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EMERGENCY CONTACT INFORMATION

Emergency Contact Name	Emergency Contact Relationship	Emergency Contact Phone
Who is authorized to pick-up child from camp?	Pick-up Password	

PARENT/GUARDIAN INFORMATION

		Date of Birth ____/____/____
Primary Parent/Guardian First Name	Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
E-mail address	Cell Phone	Home Phone
		Date of Birth ____/____/____
Secondary Parent/Guardian First Name	Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
E-mail address	Cell Phone	Home Phone

THE WELLNESS CENTER CONSENT AND RELEASE FORM

I have given this consent and permission. It has been executed and given on the day and date last written by the undersigned who is a patient, parent or guardian of a patient, employee, physician, volunteer or independent contractor at The Wellness Center, I hereby give my consent to:

1. Record my likeness and voice on a video, audio, photographic, digital, electronic, social media (including, but not limited to: Facebook/YouTube/Twitter/Instagram/Google+/Pinterest} or any other medium.
2. Use my name in connection with these recordings.
3. Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW} these recordings for any purpose that The Wellness Center, and those acting pursuant to its authority, deem appropriate, including promotional or advertising, audiovisual, editorial, exhibition, media relations, posters, publications and web efforts.

I waive any right which I may otherwise have to inspect or approve the visual images or prints made from the negative thereof, with respect to:

1. Any alterations or modifications,
2. Any material or commentary,
3. Any publication using my name, no name, or a fictitious name,
4. Any use for the purposes of publicity, illustration, commercial art, and
5. Any advertising or products or services.

I expressly agree that The Wellness Center is under no obligation to use said photograph(s), recordings, or video for any purpose whatsoever. I acknowledge that any opinion expressed by me during videotaping or recording is my own and not the opinion of The Wellness Center. I further agree that the recorded statements made by me during videotaping are true and correct to the best of my knowledge.

I understand and agree that I will not receive any payment for my time or expenses or any royalty for the publication of the photograph(s), videotape, digital recording(s), or use of my name, image or likeness. I affirm that my participation in the photography, video, or recording has been strictly voluntary and not coerced by The Wellness Center.

In the event that recording, or audio is needed and I am unable to consent, I understand that the medium will not be used until such time that consent is acquired. In the event consent is not acquired, The Wellness Center will destroy the medium.

I hereby unconditionally release The Wellness Center from and against all claims, liabilities, demands, actions, causes of action whatsoever, at law and at equity, known or unknown, anticipated or unanticipated, which I may hereafter have by any reason, matter, or cause arising out of my performances or photos or videos taken by The Wellness Center or its agents, and the broadcast or other use of such videos or photos. This consent and release shall be binding upon my heirs, legal representatives, successors, and assigns.

Signature _____ Date _____

PARTICIPATION WAIVER

1. I understand that consistency in participation in this program will yield the best results in terms of athletic improvements and reduction in injury. I will notify my instructors of any prolonged absences and understand there is no refund for lost time.
2. In consideration of participating in exercise related activities and programs of The Wellness Center at off-campus sites / locations {including but not limited to: FHS Track, public streets, Enchanted Rock, Lady Bird Johnson Park, School Gyms, etc.}. I do hereby waive, release and forever discharge The Wellness Center and its employees, officers, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned locations.

Signature _____ Date _____

WAIVER & RELEASE OF LIABILITY

In order to participate in the Wellness Center Program, athletes and their parent/guardian must acknowledge the following:

1. Participation in this program does involve a risk of injury. Injuries can range from minor cuts, sprains, strains, fractures etc.
2. to more serious injuries such as paralysis or death.
3. Following rules, direction, and maintaining personal discipline will aid in reducing such risks.
4. I agree to comply with any rules involved in participation.
5. I agree to follow the direction of my camp counselor.
6. The following statement implies that your child is participating in an exercise program that has a risk for injury. The guardian is fully responsible for any injuries the child sustains as a result of participation. I agree to take full responsibility for any injuries that my child sustains, and I will not hold The Wellness Center or its employees liable.
7. If I experience any type of pain during or after a workout, I will notify my camp counselor immediately.
8. If I receive an injury outside of this program I will notify my camp counselor immediately.
9. I understand that if I am injured and seek medical attention, I am responsible for reporting this to my insurance company.
10. I have read and fully understand the inherent risk of injury in participating in this program. I am willingly and knowingly releasing the Wellness Center staff and the Fredericksburg Independent School District from liabilities resulting in any injury, disability, or loss of life from participating in this program.

Signature _____ Date _____



Parent/Legal Guardian Consent

I, the undersigned Participant, understand and agree that in consideration of my voluntary participation in **Fit Kids Camp** provided by **Create Healthy Wellness Center**, I voluntarily and knowingly assume all risks associated with my participation in the **Wellness Center's program**, and behalf of myself and my heirs, executors, and administrators, I voluntarily and knowingly **waive all claims against and release and hold harmless the City of Fredericksburg, Texas and Create Healthy Wellness Center**, and its officials, officers, agents, employees, co-sponsors, and volunteers, from and against any and all claims, damages, liabilities, causes of actions, losses, costs, and expenses, including reasonable attorney's fees, arising out of or in connection with my participation in all Wellness Center's activities held on City of Fredericksburg property, **including without limitation, personal injuries, death, or loss of use of personal property.**

I, the undersigned Parent or Legal guardian of the Participant, understand and agree that participation in the above referenced program may result in personal injury, death, or personal property damage. My child, _____, has my permission to participate in the above referenced program. I understand and agree to the assumption of risk and waiver of claims set forth above.

Participant: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

FIT KIDS SUMMER CAMP 2024 GUIDELINES

For:	Kids between ages 5 - 12 (5 yr. olds must have attended K)	
When:	June 3rd – August 9th, 2023	
Time:	7:30 AM - 5:30 PM	
Location:	Fredericksburg Elementary School 800 Gym All sports activities will be done at the gym. You will drop off at the elementary school or the pavilion behind the Pioneer Memorial Library and pick your child up at Lady Bird Johnson Park, The FES 800 Gym or The Wellness Center . A schedule will be provided to show you where to drop off and pick up will be for your child. Also, there will be a sign posted at the entrance of the 800 gym cul-de-sac. Our location might change due to activity days.	
Cost:	\$50 per camper per day \$165 per camper for a five-day week Special Event Days may have additional fees	
Meals & Snacks:	Parents must provide: lunch, morning, and afternoon snacks packed in an insulated lunchbox. Remember they will be active and very hungry.	
Camp Activities:	The focus of this camp will be to provide daily activities that teach children various recreational/sport skills as well as provide a fun, active place for your child to be for the summer. Each week a different sport/activity will be taught between 9:30 am - 11:15 pm. NO EXPERIENCE NECESSARY If your child is interested in sports/fitness and recreational activities...then this camp will be a blast! Your child will be required to participate in the daily scheduled activities. If your child does not enjoy these types of activities, you might consider another option for their summer. We want this program to be fun, positive and a learning experience for each and every child.	
Activities:	On some Tuesdays the Fit Kids Camp will go to BBs Bowling alley. \$14 cash will be required upon drop off. Other Tuesdays we will be participating in the City of Fredericksburg Law Enforcement Kids Program. Wednesdays the Fit Kids camp will attend the Pioneer Memorial Library Summer Reading Program. Every other Thursday we will go to the Kroc Center in Kerrville. There will be additional charges for these activities.	
Sample Day:		7:30 - 9:00 AM Drop off / Organized Play 9:00 - 9:30 AM Morning Snack 9:30 - 10:15 AM Activity Time 10:15 - 10:30 AM Water Break 10:30 - 11:15 AM Activity Time 11:30 - 12:30 PM Lunch / Activity Time 12:30 - 1:00 PM Change into swim suits/apply sunscreen and walk to pool 1:00 - 3:00 PM Swim - Lady Bird Johnson Pool 3:00 - 5:30 PM Change Clothes and After Noon Snack/Play/Departure
Contact	Wellness Center at 997-1355 Camp Manager: Felicia Kendrick Camp Director: Jessie Aleman	

FIT KIDS SUMMER CAMP 2024 GUIDELINES

DETAILS / FINE PRINT

Cancellation Policy	No refunds.		
Camper Records on File:	The following items must be in your child's camp file: <ul style="list-style-type: none"> • Health History: Parent/guardian must fill out a Health History Form on each child as they are registering. We need this to make sure your child is "OK" to participate in the fitness activities. (Texas state requirement) • Immunization Record: A copy of your child's Immunization Record. (Texas state requirement) • Off Site Release: Parent/guardian must fill out an Off-Site Release Form on each child they are registering, since the camp is held at the Lady Bird Park. 		
Required Supplies:	Each child will need to bring with them, on a daily basis, a backpack with: <ul style="list-style-type: none"> • Morning and afternoon snacks • Lunch in a thermal lunchbox with icepack. No mayonnaise. No tuna or chicken. • Water bottle with water (name on bottle) • Swim suit and Towel • Sunscreen **IMPORTANT** • Tennis shoes (note: sandals can be worn only in the afternoon at pool time) • Sport Supplies (if they have them) the week of that sport 		
Sick Child:	This camp is going to be held outdoors and will require a great deal of energy. If your child is not feeling well or has an injury that would keep him/her from participating in the scheduled activities, it would be in his/her best interest to not come on that day. If your child becomes ill while at the camp, you will be promptly notified to come pick him/her up. It will be absolutely necessary that someone be available to come get your child if you are notified. Our staff will at all times have a cell phone so we can be reached or so we can reach you in case of an emergency.		
Discipline	We plan on this experience to be a pleasant one for every child in attendance. The Wellness Center Staff will be required to make sure that children are following set rules to assure their safety. If your child does not follow the set rules; he/she will be required to "sit out." You will be notified on each occurrence. Should your child be unable to adjust to these rules, the Wellness Center reserves the right to recommend the withdrawal of your child from our program. There is a Zero Tolerance Rule on foul language. Your child will be sent home on the first occurrence. You will be promptly notified to come pick him/her up. It will be absolutely necessary that someone be available to come get your child if you are notified. Your child will be withdrawn from the camp on the second occurrence.		
Arrival/Depart:	For the safety of your child, parents must sign-in and sign-out each child. Please make a staff member aware when your child is arriving or leaving. A child will not be released to anyone who is not named on the registration form. The program is over at 5:30 PM. A \$15 late fee will be accessed if your child is not picked up on time. This fee is due when you pick up your child. We will have a cell phone at all times if you need to call to find out where we are if you need to drop off your child late or pick up your child early. We will always be inside the park, but usually never in the same location each day. A weekly schedule will be given to you so you will know which pavilion to drop off and pick up your child.		
Theme Schedule	Week 1 Football-Cheer Week 2 Soccer Week 3 Old Fashion Fun Week 4 Tennis/Pickle Ball Week 5 Golf (Closed 4th of July)		Week 6 Wheels Week 7 Olympic Games Week 8 Basketball Week 9 Baseball - Softball Week 10 Camping