



**PICK UP
A PACKET
TODAY!**

**MORE THAN JUST A DAY CAMP –
IT'S A SUMMER EXPERIENCE!**

AGES: 5-12 YEARS

JUNE 2 – AUG 8
Weekdays
7:30am - 5:30pm

PLACE:
Fbg Elementary
School 800 Gym

Weekly Themes:

- June 2-6: Soccer
- June 9-13: Tennis/Pickleball
- June 16-20: Old Fashioned Fun
- June 23-27: Fbg History Week
- June 30 - July 3: Baseball/Softball
- *CLOSED JULY 4*
- July 7-11: Wheels
- July 14-18: Basketball
- July 21-25: Volleyball
- July 28-Aug 1: Camping
- Aug 4-8: Arts + Crafts

COST:

**\$165/Week
or \$50/Day**

Important Info

- Pre-registration required
- Lunch is not provided
- Limited to 40 campers per week
- Additional fees will apply for special events/transportation

SPECIAL EVENTS

- Pioneer Memorial Summer Program
- Law Enforcement Day
- Swimming at LBJ Park
- The Kroc Center - Kerrville
- Jellystone Park - Kerrville
- Sauer-Beckmann Living History Farm



Registration : 830-997-1355
felicia.kendrick@createhealthy.org

 **CreateHealthy**
WELLNESS CENTER

FITKIDS DAY CAMP 2025 CALENDAR

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
JUNE 2-6 SOCCER	SWIM @ LBJ	*BOWLING	SWIM @ LBJ	GYM ALL DAY	SWIM @ LBJ
JUNE 9-12 TENNIS/ PICKLEBALL	SWIM @ LBJ	*LAW ENFORCEMENT DAY (POOL PARTY)	*LIBRARY SWIM @ LBJ	*KROC CENTER	SWIM @ LBJ
JUNE 16-20 OLD FASHIONED FUN	SWIM @ LBJ	*LAW ENFORCEMENT DAY (FISHING + PETTING ZOO)	*LIBRARY SWIM @ LBJ	GYM ALL DAY	SWIM @ LBJ
JUNE 23-27 FBG HISTORY WEEK	NIMITZ SNACKS + LUNCH PROVIDED	NIMITZ SNACKS + LUNCH PROVIDED	NIMITZ SNACKS + LUNCH PROVIDED	PIONEER MUSEUM	SAUER BECKMANN FARM/ SWIM @ LBJ
JUNE 30-JULY 4 BASEBALL	SWIM @ LBJ	*BOWLING	SWIM @ LBJ	*KROC CENTER	CLOSED
JULY 7-11 WHEELS	SWIM @ LBJ	*LAW ENFORCEMENT DAY (KROC CENTER)	*LIBRARY SWIM @ LBJ	GYM ALL DAY	SWIM @ LBJ
JULY 14-18 BASKETBALL	SWIM @ LBJ	*BOWLING	*LIBRARY SWIM @ LBJ	*LAW ENFORCEMENT DAY (SCIENCE MILL)	SWIM @ LBJ
JULY 21-25 VOLLEYBALL	SWIM @ LBJ	*LAW ENFORCEMENT DAY (ARROWS ADVENTURE PARK)	*LIBRARY SWIM @ LBJ	GYM ALL DAY	SWIM @ LBJ
JULY 28-AUG 1 CAMPING	SWIM @ LBJ	*LAW ENFORCEMENT DAY (POOL PARTY)	SWIM @ LBJ	*KROC CENTER	SWIM @ LBJ
AUG 4 - 8 ARTS + CRAFTS	SWIM @ LBJ	*BOWLING	SWIM @ LBJ	JELLYSTONE ON THE GUADALUPE	SWIM @ LBJ

SPECIAL EVENTS

BOWLING DAYS : We go bowling at BB's in Fbg. The cost is \$16/child (2 games + shoes). They are allowed to go to the concession counter.

LIBRARY DAYS: Meet at gazebo behind the library at 7:30am. 9am we walk over to the library to enjoy their summer programs.

LAW ENFORCEMENT DAYS: We travel with the LED Youth Program to various events through the summer.

KROC CENTER DAYS: We travel to the Kroc Center in Kerrville to enjoy their water park + pool.

***NEW* FBG HISTORY WEEK:** This summer, kids will explore the rich history of Fredericksburg through a three-day museum camp experience. (Food and snacks will be provided on Nimitz Days) They'll immerse themselves in the food, fitness, and lifestyle of a World War II soldier, visit the Pioneer Museum to learn about the town's early settlers, and step back in time at the Beckmann Living History Farm to experience the simplicity of frontier life.

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 9:00 - 9:30 AM 9:30 - 10:15 AM 10:15 - 10:30 AM 10:30 - 11:15 AM 11:30 - 12:30 PM 12:30 - 1:00 PM 1:00 - 3:00 PM 3:00 - 5:30 PM	Drop off / Organized Play Morning Snack Activity Time Water Break Activity Time Lunch / Activity Time Change into swim suits/apply sunscreen and walk to pool Swim - Lady Bird Johnson Pool 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:	<p>The following items must be in your child's camp file:</p> <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:	<p>Each child will need to bring with them, on a daily basis, a backpack with:</p> <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:	<p>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.</p>		
Discipline	<p>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.</p> <p>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.</p>		
Arrival/Depart:	<p>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 assessed 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.</p>		
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	



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. (Summer Camp Only) ☐ I understand.

Child's Doctor	Doctor's Phone
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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 |
|----------------------------------------------|-------------------------------------------|--------------------------------------------|

PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION

_____		Date of Birth ____/____/____
Primary Parent/Guardian/Emergency Contact #1 (first and last name)		<input type="checkbox"/> Male <input type="checkbox"/> Female

_____	_____	_____
E-mail address	Cell Phone	Home Phone

_____		Date of Birth ____/____/____
Secondary Parent/Guardian/Emergency Contact #2 (first and last name)		Male <input type="checkbox"/> Female <input type="checkbox"/>

_____	_____	_____
E-mail address	Cell Phone	Home Phone

Who is authorized to pick-up child from camp not listed above?	Pick-up Password
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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 _____

Create Healthy Wellness Center Inclement Weather Policy Waiver

The safety of your child is our number one priority here at the Wellness Center Fit Kids Camps. In the event of bad weather, while we are at the Lady Bird Johnson Park, we will exit the pool/leave the designated pavilion and head to the Tastch House to seek shelter.

If the bad weather continues or is expected to worsen, we will call the Alamo Regional Transit to attempt to arrange transportation to The Wellness Center or the 800 Gym. Parents will be notified of the new pickup location as soon as possible. If the A.R.T. bus is unable to provide transportation, in the best interest of getting everyone to safety as quick as possible, the camp staff will take the campers in their vehicles. We will transport one child per seat with a seatbelt and make as many trips as we need to get everyone to safety. The camp manager will stay behind with the campers not yet transported and begin calling parents. **If you do not want the Fit Kids Camp staff transporting your child under any circumstance you will be notified first that we will be leaving the current location for a safer one. You will then be required to immediately come and pick up your child. If you fail to arrive to pick up your child within the 20min time frame we will be required to transport your child to safety.**

☐ YES. Please transport my child in the event of a weather emergency.

☐ NO. Do not transport my child in the event of a weather emergency.

Sign _____ Date _____

Print Name _____

Childs Name _____



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: _____

Wellness Center

2025 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 the day(s) the child will be attending summer camp.

Wk1 Soccer (June-June 6)

- ☐ Monday - 2\$ Transportation fee
- ☐ Tuesday + Bowling - \$5 bus fee *bring \$16 cash for bowling
- ☐ Wednesday -\$2 bus fee
- ☐ Thursday
- ☐ Friday -\$2 bus fee

WEEK TOTAL: \$174

Wk2 Tennis/Pickleball (June 9-13)

- ☐ Monday -\$2 bus fee
- ☐ Tuesday + Law Enforcemnt Day -\$2 bus fee
- ☐ Wednesday + Library Day \$2 bus fee
- ☐ Thursday + Kroc Center - \$26 (\$16 bus & \$10 kroc)
- ☐ Friday -\$2 bus fee

WEEK TOTAL: \$199

Wk3 Ol' Fashion Fun (June 16-20)

- ☐ Monday -\$2 bus fee
- ☐ Tuesday + Law Enforcement Day -\$2 bus fee
- ☐ Wednesday + Library - \$2 bus fee
- ☐ Thursday
- ☐ Friday -\$2 bus fee

WEEK TOTAL: \$173

Wk4 FBG History Week (June 23-27)

- ☐ Monday + Nimitz \$44 (Museum camp + bus fee)
- ☐ Tuesday + Nimitz \$44 (Museum camp + bus fee)
- ☐ Wednesday + Nimitz \$44 (Museum camp + bus fee)
- ☐ Thursday + Pioneer Museum \$10 (Museum + Bus fee)
- ☐ Friday + Saur Beckmann Farm -\$5 bus fee

WEEK TOTAL: \$312

Wk5 Baseball/Softball (June 30-July 4)

- ☐ Monday -\$2 bus fee
- ☐ Tuesday + Bowling -\$5 *bring \$16 cash for bowling
- ☐ Wednesday + Library Day -\$2 bus fee
- ☐ Thursday + Kroc Center -\$26 (\$16 bus & \$10 kroc)
- ☐ Friday -CLOSED

WEEK TOTAL: \$200

Wk6 Wheels (July 7-11)

- ☐ Monday - \$2 bus fee
- ☐ Tuesday + Law Enforcement Day - \$16 bus fee
- ☐ Wednesday + Library Day \$2 bus fee
- ☐ Thursday
- ☐ Friday -\$2 bus fee

WEEK TOTAL: \$187

Wk7 Basketball (July 14-18)

- ☐ Monday -\$2 bus fee
- ☐ Tuesday + Bowling -\$5 bus fee *bring \$16 cash for bowling
- ☐ Wednesday + Library Day -\$2 bus fee
- ☐ Thursday + Law Enforcement Day - \$16 bus fee
- ☐ Friday -\$2 bus fee

WEEK TOTAL: \$192

Wk8 Volleyball (July 21-25)

- ☐ Monday -\$2 bus fee
- ☐ Tuesday + Law Enforcement Day -\$16 bus fee
- ☐ Wednesday -\$2 bus fee
- ☐ Thursday
- ☐ Friday -\$2 bus fee

WEEK TOTAL: \$187

Wk9 Camping (July 28- August 1)

- ☐ Monday -\$2
- ☐ Tuesday + Law Enforcement Day -\$2 bus fee
- ☐ Wednesday -\$2 bus fee
- ☐ Thursday + Kroc Center - \$26 (\$16 bus & \$10 kroc)
- ☐ Friday -\$2 bus fee

WEEK TOTAL: \$199

Wk10 Arts & Crafts (August 4-8)

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

WEEK TOTAL: \$207

The Wellness Center

Parents Name: _____ **Child(s) Name:** _____

Address: _____ **City/State** _____

Phone: _____ ZIP: _____

Please initial the following:

I authorize the Wellness Center to Charge my Credit Card for the full amount or payment plan. I understand that I am paying for the full session(s) regardless of missed days.

Credit Card REQUIRED regardless of payment method.

Name as it appears on card: _____

Credit Card #: _____

Expiration Date: _____ CVV: _____

Service Client is Paying For:

[illegible]