

FIT KIDS SPRING BREAK CAMP 2026 GUIDELINES



For: Kids between ages 5 - 12 (5 yr. olds must have attended K)

When: March 16th – March 20th

Time: 7:30 AM - 5:30 PM

Location: **Fredericksburg Elementary School 800 Gym**

Monday – Friday = You will drop off at the Elementary School and pick up will vary depending on daily activities. Ample notice will be given about the locations.

There will be a sign posted at the entrance of the school with our Fit Kids Camp logo/gym number on it and a vertical signs at the 800 gym.

Cost: \$50 per camper per day
\$165 per camper per Week

Special Event Days 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 Spring Break.

Special Event Day:

- **Monday, Wednesday & Friday** the Fit Kids will play games in the morning and then will be transported by the Alamo Regional Transit to swim at The Wellness Center. Please send a swimsuit, towel, and a change of clothes.
- **Tuesday** the Fit Kids Camp will be transported to the bowling alley by The Alamo Regional Transit. After bowling the ART bus will transport the camp back to the FES 800 gym.
- **Thursday** the Fit Kids camp will travel to **Arrows Adventure Park in Boerne**. Alamo Regional will transport your child. Drop your child off by 8am. Campers will return to The Wellness Center by 5pm.

Sample Day:	7:30 - 9:00 AM	Drop off / Free 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 - 1:30 PM	Change into swim suits/
	1:30 - 4:00 PM	Swim
	4:00 - 5:30 PM	Change Clothes and After Noon Snack/Departure

Contact Wellness Center 997-1355
Camp Director: Jessie Aleman
Youth Coordinator: Felicia Kendrick felicia.kendrick@createhealthy.org



DETAILS / FINE PRINT

Cancellation Policy	No refunds. We require written notice, at least 5 days prior to the intended week, to withdraw a camper without any charge.
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) • 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><u>Each child will need to bring with them, on a daily basis, a backpack</u> 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 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.</p>



PARTICIPANT INFORMATION

_____	_____	Date of Birth <u> </u> / <u> </u> / <u> </u>
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

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 <u> </u> / <u> </u> / <u> </u>
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 <u> </u> / <u> </u> / <u> </u>
Secondary Parent/Guardian/Emergency Contact #2 (first and last name)		<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____
E-mail address	Cell Phone	Home Phone
_____	_____	_____
Who is authorized to pick-up child from camp not listed above?		Pick-up Password

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.
 - Use my name in connection with these recordings.
 - 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



CAMPER'S NAME (print)

PARENT'S NAME

ADDRESS

CITY

STATE

ZIP

HOME PHONE

WORK PHONE

CELL PHONE

Cost per day: \$50 not including transportation and special events

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

March 16th - 20th

Monday: Gym & Swimming

Day Camp Cost:	\$50.00
Event/Transportation Cost:	\$2.00
Total:	\$52

Tuesday: Gym & Bowling **** Bring \$15 cash for bowling**

Day Camp Cost:	\$50.00
Event/Transportation Cost:	\$5.00
Total:	\$55

Wednesday: Gym & Swimming

Day Camp Cost:	\$50.00
Event/Transportation Cost:	\$2.00
Total:	\$52

Thursday: Arrows Adventure Park

Day Camp Cost:	\$50.00
Event/Transportation Cost:	\$38.00
Total:	\$88

Friday: Gym & Swimming

Day Camp Cost:	\$50.00
Event/Transportation Cost:	\$2.00
Total:	\$52

Full Week with Events & Transportation: \$214

Grand total: _____

