

First in Fitness

Summer Camp 2017 Application

Camper's Name:.....

Date of Birth:.....

Mailing Address:.....

Phone Number:.....

Parent(s)/Guardian(s) Name:.....

Daytime Phone number for Parent/Guardian:.....

E-Mail Address:.....

Sessions Camper wishes to attend:

- Session 1 (June 26-30) Session 2 (July 5-7) Session 3 (July 10-14)
 Session 4 (July 17-21) Session 5 (July 24-28)
 Session 6 (July 31-Aug. 8) Session 7 (Aug. 7-11) Session 8 (Aug. 14-18)

Does the child have any allergies or medical conditions that we need to be aware of?

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If yes, please list:.....

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Is your child on medication?.....

If yes, what for and does he/she need to bring to camp?.....

Does the child have any vision or hearing impairments (including eyeglasses, hearing aids)?

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Child's favorite activities?.....

.....

Has child ever attended this camp before?.....

Does child have an older sibling that has attended this camp?.....

Has child ever attended any other camp before?.....

Swimming Lessons (additional fee) – no lessons Session 1 or 2

Yes, sign us up_____ I would like more information_____

Has child ever had formal swimming lessons?.....

If yes, what was highest level child completed?.....

For information on discounted rates for additional children please contact Janice at 223-4686 or email jpello@firstinfitness.com.