



2010 Camp Fit Registration

Date: _____
 Camper #: _____

17 Old Main St., Fishkill, NY 12524 * PHONE: (845) 896-5678 * FAX: (845) 896-8595
WWW.ALLSPORTFISHKILL.COM * Email: campfit@allsportfishkill.com

PLEASE COMPLETE AND SIGN BOTH SIDES
PLEASE PRINT CLEARLY

One application form per child is required for registration.

Returning Camper New Camper Boy Girl All Sport Member: No Yes: member # _____

Child's Name: _____ Date of Birth _____

Street Address: _____ Age: _____

City, State, Zip: _____

Home Phone: _____ Grade (Entering Fall 2009): _____ School _____

Mother's Name: _____ Father's Name: _____

Mother's Bus Phone: _____ Father's Bus Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Billing Name & Address: _____

Email Address: _____

Doctor's Name: _____ Doctor's Phone: _____

Special Requests: _____

How did you find out about *Camp Fit*? : _____

2010 Camp SEASON

Monday, June 28th - Friday, August 27th 2010 (Check Preference Below)

PLEASE CHECK WEEKS ATTENDING

Full-Day Program
 Ages 4-13
 9:00 am-4:00 pm

Weekly Tuition*
 \$185 members
 \$205 non-members
 10% off each additional child

Lunch:
 \$30 per week

Before Camp Care:
 (7am-9am) \$40 per week

After Camp Care:
 (4pm-6pm) \$40 per week

Camper/Parent information packet, including health forms, will be mailed upon receipt of this application

	Attending	Lunch	Before Care	After Care
Week 1 6/28-7/2				
Week 2 7/5-7/9				
Week 3 7/12-7/16				
Week 4 7/19-7/23				
Week 5 7/26-7/30				
Week 6 8/2-8/6				
Week 7 8/9-8/13				
Week 8 8/16-8/20				
Week 9 8/23-8/27				
Subtotal				
Discounts				
Total				
Deposit				
Balance Due				

Half-Day Program
 Ages 4-6
 9:00 am-12:00 pm
Before Camp Care available

Weekly Tuition
 \$ 95 members
 \$115 non-members

PAYMENT SCHEDULE

* All enrollments require a **non-refundable** \$75 deposit for each week of registration per child.

* Remaining balance due in full by June 1, 2010

* Make checks payable to All Sport Fishkill

* Payment plans available upon request

EMERGENCY TREATMENT RELEASE

(Required by the New York State Camping Law)

Child's Name: _____

In the event that I cannot be reached in case of emergency affecting my child at camp or going to and from camp, I hereby give my permission to my physician as listed in the camp record, or if unavailable, the physician selected by the camp director to administer proper treatment to my child as named above.

X _____ Date: _____
Parent or Guardian Signature

In the event we cannot reach you if your child is ill, please write in the name and phone number of a relative or friend whom we may contact.

Name: _____ Phone: _____

Name: _____ Phone: _____

CAMP FIT'S CONDITIONS OF REGISTRATION

Parent/Guardian warrants and represents the camper is in sound physical and mental health and fully able to participate in all camp activities without need of individual or specialized attention or medical regimen and that camper's health will not impinge or impact negatively on other campers or the camp program. This includes any allergies, physical conditions, mobility issues, etc., which may require special attention and, if so, please attach a separate sheet of paper and specify the nature of such condition and the necessary treatment or accommodations. **Parent further agrees to advise camp promptly of any change in the camper's physical or mental health between the date of enrollment and the start of the camp season.**

"I understand that part of the camping experience involves activities and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them." I am allowing my child to participate upon the express agreement and understanding that I hereby, for myself, my child and/or my heirs, executors, and administrators, waive and release all rights and claims for damages I and/or my child may have against All Sport Fishkill Inc., its' employees, agents, representatives, successors and assigns for any and all injuries suffered by my child during these programs and/or activities.

At any time before opening day or during the camp season *Camp Fit* retains the right to cancel this contract if it determines that the physical, mental, medical or emotional condition of the child would prevent him/her from participating safely and satisfactorily in our program or interacting positively with other campers. Also once camp is in session, *Camp Fit* can initiate the cancellation of this contract and the dismissal of the child if the child exhibits unacceptable behavior which prevents our staff from safely supervising him/her or proves detrimental to him/herself, other campers or staff members as determined by the directors.

The parent who signs this registration form represents that he/she has full authority to do so and will be responsible for payment of the camp fees. No refund will be made for early withdrawal of the child. No refund or substitute days for a camper's missed days or absence for whatever reason.

The parent authorizes and consents to the Camp's use of the child's name, photograph, portrait or image in connection with the Camp's brochure or other promotional or advertising publication and to the Camp's use of the child's family home address, email and phone number for All Sport Fishkill program lists.

I hereby enroll my child for the 2009 camp season. A non-refundable deposit of \$75 per session due at time of registration; make checks payable to All Sport Fishkill.

X _____ Date: _____
Parent or Guardian Signature

Amount Enclosed: _____	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	Charge <input type="checkbox"/>	Date: _____	Initial: _____
Credit Card # _____	Exp Date _____/_____/_____				
CVV# _____	Discover	VISA	AmEx	MasterCard	