

**CHILDS INFORMATION**

CHILDS NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\*ALLERGIES                      YES                      NO

If yes please note \_\_\_\_\_

**PARENT / CARETAKER INFORMATION – please print clearly**

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT NUMBER \_\_\_\_\_

ADDRESS: if different from above \_\_\_\_\_

**CAMP TIMES – 9:15am to 1pm**

**CAMP PRICE - \$40/day per child**

**CAMP DATES – Please circle the dates your Child plans to attend - 2x week min.**

AUGUST 10 – 11 – 12 – 13 – 14

AUGUST 17 – 18 – 19 – 20 – 21

AUGUST 24 – 25 – 26 – 27 - 28

**DETAILS FOR PARENTS:** Lunch starts at 12pm every day, please pack your child a lunch. Pretzels, goldfish and cheese balls are provided for snack at 10:30a.m. during camp.

Checks, credit card, and cash are accepted, checks to be made out to Ellis Athletic Center. Please turn in camp forms at the Front Desk. Or email them to [ellisathletic@gmail.com](mailto:ellisathletic@gmail.com).

Recommended ages 4-10yr. We will be outside, please apply sunscreen and pack water!

The undersigned acknowledges that they have examined the facilities and that they accept them in the present condition. Furthermore, the undersigned voluntarily assumes any and all risk involved in the use of the facility, equipment and personnel and releases the club from all claims and liabilities; I, the undersigned, voluntarily assume all risks of injury while using any of FACTS Inc. equipment or Ellis Athletic Center facilities. The possible risks associated with physical activity include but are not limited to muscle strain, muscle tear, shin splints, broken bones, heat related injuries, abnormal heart beat, abnormal blood pressure and in rare instances heart attack or death. I voluntarily waive any and all claims of injury against FACTS, Inc.; Fitness Awareness Consulting Teams, Inc.; FACTS Fitness, Inc.; Ellis Athletic Center, LLC; Berwind Property Group; BPG Real Estate Investors, Straw Party I, LP; BPG Management Co.; its trustees, officers, employees, agents and contractors.

PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



*Ellis Management ONLY*  
TOTAL WEEKS \_\_\_\_\_  
TOTAL PAID \_\_\_\_\_  
ALLERGY \_\_\_\_\_