



Stretch-N-Grow Fitness

Camp Fit

(Please complete one form per camper)

Must be 5 by start of camp
Grade Entering _____

Child's Name _____ Sex _____ Date of Birth _____ Age _____
Guardian Name: _____ Cell: _____ Relationship: _____
Email: _____ Work Phn: _____
Home Address: _____ City: _____ Zip: _____

Person my child lives with: _____

Emergency Contact: _____ Phone: _____

Child's Doctor: _____ Doctor's Phone: _____

Does your child have any food/other allergies? No Yes, _____

Does your child have any medical, physical, or mental conditions? No Yes, _____

My child has permission to be released to the following individuals in addition to the emergency contact person listed above. (They will be asked to show proof of identity.)

Name: _____ Relationship: _____ Phn: _____

Name: _____ Relationship: _____ Phn: _____

Name: _____ Relationship: _____ Phn: _____

Camp Fit Enrollment Form

Stretch-N-Grow Fitness Summer 2022
Week Selections

(Initial the weeks that your child will be attending)

Child's Name _____

_____ Wk 1 May 31-3 *

_____ Wk 2 June 6-10

_____ Wk 3 June 13-17

_____ Wk 4 June 20-24

_____ Wk 5 June 27- July 1

_____ Wk 6 July 5-8 *

_____ Wk 7 July 11-15

_____ Wk 8 July 18-22

_____ Wk 9 July 25-29

_____ Wk 10 Aug 1-5

_____ Wk 11 Aug 8 *

Camp Cost:

Registration Fee: \$65 Nonrefundable

Weekly Camp Cost: \$150 per child

AFTER MARCH 18TH ENROLLMENT

Weekly Camp Cost: \$160 per child

A \$5 sibling discount applies to the 2 & 3rd children attending camp in the same week.

Weeks 1, 6 & 11 will be prorated.

By signing your child up for Stretch-N-Grow's Camp Fit Summer Camp, you are agreeing to take care of all financial responsibilities. The following statements outline each of these responsibilities. Please carefully read each item and initial in the blanks provided.

- I understand that I will be responsible for the entire amount of Camp Fit that I have selected. If for any reason I must drop out of Camp Fit, I understand that I will be billed for the remaining weeks I have selected. A **two week** drop notice will relieve me of any future payments once the final 2 weeks have been fulfilled. _____ (initial)
- I understand that my registration fee is nonrefundable for any reason. _____ (initial)
- I understand that space is limited, therefore my credit card will be charged on the Friday prior to the week of camp attended to hold my child's spot. I also understand that if the credit card does not go through, a \$10 late fee will be assessed. _____ (initial)

I have read and agree to all the above statements. I agree to pay for all the above items that are applicable to me.

Signature: _____ Date: _____

Welcome!

This Parent Policy Packet is compiled to acquaint you with Stretch-N-Grow's Camp Fit and to explain the necessary procedures, fees, structure and to answer some of your questions regarding our camp. Please retain this packet for further reference.

Camp description

Camp Fit is an action-packed Summer Camp that includes activities throughout the day. Our weekly schedule includes morning free-time, active games, arts and crafts, obstacle courses, virtual reality cardio-based games, reactive gaming for speed/endurance, tumbling, music, dancing and more!

Camp costs

Registration fee is due upon registration and is not refundable.

- On your registration form, you commit to the number of weeks you want for the summer. You will be billed for the entire amount that you've selected unless we receive a written 2 week drop notice from you.
- Your credit card will be charged on the Friday prior to the week of summer camp. If the credit card declines, there will be a \$10 decline fee.
- If you would like to pay in advance, please call the gym or email cblair@stretch-n-grow.com
- A written drop notice must be given 2 weeks prior to your last day of camp. If there is not a drop notice provided you will be billed for the remaining weeks. The drop notice allows us time to fill your child's spot with another child from our wait list.

Sign In/Out Procedures

Parents must come in each morning and sign their child into camp and wait for their temperature to be taken. Camp begins at 7:00am. Please try to have your child here no later than 8:50am so that we may begin activities at 9:00am. Any time after 4:30pm is considered "free time" and the children have access to the gym. Please make sure children are picked up no later than 6:00pm.

Apparel

Campers should come prepared for an active day. Your child must wear tennis shoes daily. We do a lot of running, jumping and obstacle courses and flip flops/sandals are a hazard. If girls wear skirts, please have them wear shorts underneath. Please make sure long hair is pulled up in ponytails.

Field Trips

At this time, all field trips will be done "in house". We will have various vendors and activities brought in for the children.

Personal Property

Please put your child's name on all articles of clothing, snack bags, bags, etc. Children should not bring toys, mobile phones, electronic devices, money, jewelry, or any possession of value with them. Exceptions are made for themed days.

Lunch & Snacks

Each child must bring a sack lunch and at least two snacks with a drink in a non-glass container daily. Food should be in paper, plastic, or reusable bag clearly labeled with the child's name. Beverages must be clear or light colored. Brightly colored & carbonated drinks are prohibited. Please do not send gum or candy.

Please read each item below and initial in the blanks provided.

Assumption of Risk

Children enrolled in the Stretch-N-Grow Fitness Summer Camp Program will participate in age-appropriate fitness activity during the week. The exercises will consist of warm-up stretching, floor exercises, low aerobic activity, and numerous other activities all designed for children of various ages. Please describe below any injuries or health issues that you feel may limit your child's participation.
_____ (initial)

Release of Liabilities

I understand that Stretch-N-Grow Fitness is a voluntary enrichment program. While Stretch-N-Grow Fitness coaches always run classes as safely as possible, accidents happen. I agree that Stretch-N-Grow Fitness and its affiliates will be held harmless in case of accident or injuries. I have read and understand the Parent Policy Packet. _____ (initial)

Tuition & Refunds

Because the health & safety of your children and our staff is top priority, we choose to limit the number of enrollment opportunities in our gym.

I understand my credit card will be charged on the Friday prior to the week of camp attended to secure my child's spot. _____ (initial)

I understand that if my credit card declines, I will be charged a \$10 late fee. _____ (initial)

Medical Needs/Allergies

Stretch-N-Grow Fitness is not permitted to administer medication to program participants. In the event of a medical emergency, Stretch-N-Grow Fitness will administer first aid, CPR and rescue in the best interest of the child. Parents will be contacted if care is administered. Allergy medications may be administered if directed in writing by the child's parent/guardian. _____ (initial)

Camp Fit Enrollment Form

Drop Off/Pick-Up Times

Drop off begins at 7am and children must be picked up no later than 6pm. If you see that you will not arrive by 6pm please notify us ASAP. After your SECOND late pick-up you will be charged \$1 for every minute past 6pm you are late. _____(initial)

MARKETING QUESTION:

How did you learn about SNG's Camp Fit? _____

Photo Release

I am aware that individual and group photos/videos are taken throughout camp and classes and that my child's picture may appear in SNG's social media or advertising. By my initials I hereby grant SNG my permission to use the photos or videos. _____(initial)

I have chosen _____ # of weeks. My cost per week is \$_____ except for weeks 1, 6 & 11 which will be prorated. _____(initial)

Credit Card Authorization / Electronic Funds Transfer

Credit Card Type: _____

Please attach a copy of a deposit slip or voided check for ACH or Bank Draft.

Exp: ____/____ CCV#: _____

Credit Card Number: _____

Cardholder's Name: _____

Billing Address: _____

(city, state, zip) _____

This authorization is to remain in full force and effect until CB Fitness, LLC has received written notification of its termination, all balances are satisfied or until the term of authorization expires.

Authorization Signature: _____ Date: _____

Print Name: _____ Date: _____