

Parent/Legal Guardian: (Signature)



Camper Information: Please print neatl	y with a ball point pen in blue or black	ink.	
Name of Camper: Last, First, Middle		Age:	Gender: M□ F□
Address: Street, City, State, Zip			
Group Affiliation:			
Emergency Contact:	Relationship to Camper:		
Phone number where emergency contact may be reached:	Parent/ Guardian Phone numbers: Day: Evening:		
Release of Liability			
The undersigned participant and his/her parent/legal guardian agree to hold Super Kids Fitness Camp , its employees, trustees, officers, volunteers and agents harmless from any claims, damages, losses and/or expenses arising out participation in camp activities and to assume all liability for any and all personal injury, bodily injury, illness or property damage that occurs as a result of participation in such camp activities. Signature of this agreement also warrants that participation in this camp is voluntary and that the participant and undersigned have read and understand the inherent risks involved in the camp's activities. The participant understands that these risks exist despite the camp's safety precaution and procedures and the participant agrees to obey all rules and policies mandated by camp personal.			
Health Insurance Verification			
The undersigned participant and his/her parent/legal guardian warrant that the participant is physically fit and able to participate in all camp activities.			
In addition, the participant and his/her parent/legal guardian agree to give Super Kids Fitness Camp and its representatives permission to provide emergency medical response and /or treatment as needed for any injury of illness that may occur while the participant is involved in camp activities and agree to release Super Kids Fitness Camp and its representatives from all liability arising out of such treatment.			
Medical Conditions/ Allergies/ Physical Limitations or Restrictions			
Please list any/ all summertime allergies or physical handicaps that the camp staff should be aware of (if none, please write NONE):			
Parent/ Legal Guardian Signature			
Parent/ Legal Guardian: (Please print clearly)			
Parent/ Legal Guardian: (Signature)	Da	ate:	
Media Release Statement			
As parent/legal guardian of above camper, I give my permission for photographs to be taken during the activities at Super Kids Fitness Camp. These photographs will remain in the property of Super Kids Fitness Camp and may be used in publications and marketing campaigns. The media will also be notified of these events. I give my permission for my child to participate in interviews and/or be filmed or photographed. Parent/Legal Guardian: (Places wrint clearly)			

Date: