

FMO 2017 SUMMER CAMP REGISTRATION

PLEASE CHECK THE BOX(ES) BELOW FOR THE CAMP SESSION OR SESSIONS FOR WHICH YOU ARE REGISTERING:

- MAY 30 - JUNE 2 "SUMMER FUN CAMP" (\$100)
- JUNE 5-8 "CAMPING FUN" (\$100)
- JUNE 12-15 "ART...THE CREATIVE PROCESS" (\$100)
- JULY 31 - AUGUST 4 "READY-SET-GO" KG PREP (\$120)

Name of Participant: _____

Age: _____ **Date of Birth:** ____/____/____

Parent Names: _____

Parent Phone Numbers: _____

Email Address: _____

Emergency Contacts: (please list name, tel. no. & relationship to child)

1. _____
2. _____

Who else may pick up your child from camp? Please include phone numbers. _____

Allergies, Medical Conditions, or Special Concerns?

Amount Paid: _____ Check#: _____

*Please note that children signing up for more than one camp session can receive a 10% registration discount on each **additional** session. Also, families registering more than one child may take 10% off for each sibling.*

COMPLETE THIS SIDE FOR FIT KIDZ CAMP ONLY. THANK YOU!

YOUTH TSHIRT SIZE (please circle one) S M L XL

Pediatrician: _____

Insurance Company: _____

****Please include a copy of your child's insurance card, a driver's license copy with this registration form.***

All About Your Child

Please list foods your child will NOT eat:

Please list foods your child LOVES to eat:

What sports and/or other physical activity does your child enjoy?

Is your child willing to participate in physical activity? (Please circle one)
YES NO

Is your child willing to participate in trying new foods? (Please circle one)
YES NO