



SUMMER 2018 FIT KIDS CAMP MEMBERS & NON MEMBER RATES

Club Fit Kids Camp for 4-12 year olds! Register your children for full or half days. Activities include swim, splash park, rock climbing, kids intro to all things fitness, team building games, activities, Children will be separated by age.

Additional 10% is offered for siblings.

*EARLY DROP OFF 8:15AM // LATE PICK UP IS INCLUDED EXCEPT FRIDAY'S // NO AFTERCARE FRIDAYS!

CLUB FIT KIDS HALF 8:30-1pm or 12:30-5:00pm

Drop off/Pick Up	5 Half Days	4 Half Days	3 Half Days	2 Half Days	1 Half Day
8:30 am – 5:00pm (after-care included except Fridays)					
WC Member Rate:	\$145	\$116	\$92	\$68	\$34
Non-Member Rates:	\$170	\$145	\$120	\$88	\$44

CLUB FIT KIDS FULL DAY 8:30-5:00PM

Drop off/Pick Up	5 Full Days	4 Full Days	3 Full Days	2 Full Days	1 Full Day
8:30 am – 5:00pm (after-care except Fridays)					
WC Member Rate:	\$225	\$180	\$148	\$100	\$50
Non-Member Rates:	\$255	\$216	\$171	\$120	\$60

Advanced registration is strongly recommended. Please register your child(ren) with a \$50 per child deposit.

NEW 12 OPEN SPOTS DAILY FOR 4-6, 7-9 & 10-12 year olds

Deposits are non-refundable/credits can be used toward future camp weeks

Please return the registration form, and your deposit to: annmarie.caprio@theworkoutclub.com
Registrations are taken over the phone/in-house with a debit/credit card 603-894-8400 ext 102
OR check made payable to: The Workout Club - Salem

ALL BALANCES MUST BE PAID IN FULL 1 WEEK PRIOR TO SUMMER CAMP SEASON


REGISTRATION FORM

MEMBERS & NON MEMBERS


Please check week's (Full Day) OR (½ Half Day)
 Monday Tuesday Wednesday Thursday Friday

June 25 th -29 th	()	()	()	()	()
July 2 nd -6 th <small>NO July 4th</small>	()	()	<input checked="" type="checkbox"/>	()	()
July 9 th -13 th	()	()	()	()	()
July 15 th -20 th	()	()	()	()	()
July 23 rd -27 th	()	()	()	()	()
July 30 th -Aug. 3 rd	()	()	()	()	()
Aug. 6 th -10 th	()	()	()	()	()
Aug. 13 th -17 th	()	()	()	()	()
Aug 20 th -24 th	()	()	()	()	()

Please check one below



MEMBER



NON-MEMBER

.....
BALANCE MUST BE PAID IN FULL 2 WEEKS PRIOR TO CAMP START DATE
No refunds/credit only to future camp or swim lessons

Child(rens) Name: _____ Age _____ 2nd Childs name _____ Age _____

3rd Childs Name: _____ Age _____

Address: _____ Town: _____

State: _____ Zip Code: _____

Parent/Guardians: _____ Cell : _____

Parent/Guardian: _____ Cell : _____

Email Address: _____

Authorized to Pickup: _____

NOTES: _____

TOTAL DUE \$ _____ 1ST DEPOSIT \$ _____ BALANCE: \$ _____

PAID IN FULL \$ _____ 2ND DEPOSIT \$ _____ BALANCE \$ _____

Front Desk: Please print 3 receipts: 1 register, 1 for customer and 1 for my records

Circle One: CASH _____ CHECK _____ CREDIT CARD _____ BY PHONE: _____

Circle: MC Visa Discover # _____ Exp Date _____



Member Activities Participation Waiver

Parent/Guardian First/Last Name _____

Participant's First Names/DOB 1st child: _____ DOB _____

2nd child _____ DOB _____ 3rd Child _____ DOB _____

Last Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email Address _____

Emergency Contact _____ Telephone _____

I, the undersigned, ("Participant"), in consideration for The WORKOUT CLUB, ("WC") allowing my participation in any WORKOUT CLUB activity, group event or birthday party (the "Programs"), agree to the following:

Waiver of Liability

Participant understands that although the facilities, equipment and services of the WC and the Programs are designed to provide a safe level of beneficial exercise and enjoyment, there is an inherent risk that use of such facilities, equipment, services and participation in the Programs may result in injury. Therefore, Participant agrees to specifically assume all risk of injury for Participant while Participant is using any of the Workout Clubs facilities, equipment, and services or participating in the Programs and hereby waives any and all claims or actions that may arise against The Workout Club or its owners, employees, contractors, volunteers as a result of such injury. These risks include, but are not limited to: (1) Injuries arising from Participant's use of any equipment in connection with the Programs, whether occurring inside or outside of the Workout Club, (2) injuries arising from Participant's transportation to and from a site that is in a part of the Programs, (3) injuries or medical disorders arising from Participant's participation in the Programs, whether occurring within or outside of the Workout Club, and (4) Actions taken or decisions made by the Workout Club, its staff members, volunteers or chaperones regarding medical or survival procedures for Participant.

Assumption of Risk

Participation in the Programs naturally may involve the risk of injury, whether Participant or someone else causes it. As such, the undersigned agrees that he or she understands and voluntarily accepts the risk on behalf of Participant and agrees that the Workout Club will not be liable for any injury, including and without limitation, personal, bodily or mental injury, economic loss or any damage to Participant resulting from the negligence or other acts of the Workout Club, or anyone else using their facilities or participating in Programs. If there is any claim by anyone based on any injury, loss, or damage described herein, which involves Participant, the undersigned agrees to (1) defend the Workout Club against such claims and pay the Workout Club for all expenses relating to the claim, and (2) indemnify the Workout Club for all obligations resulting from such claims.

I have read the Waiver of Liability and Assumption of risk thoroughly and understand the terms. My participation in the Programs and my execution of the Waiver of Liability and Assumption of Risk are both purely voluntary and I elect to do so.

Signature of Participant

Date

IF PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST COMPLETE THE FOLLOWING: I, the undersigned parent or legal guardian of the Participant hereby execute the foregoing Waiver of Liability and Assumption of Risk for and on behalf of participant and agree to bind myself, Participant and any heirs, next of kin, assigns or personal representatives to the terms of the Waiver of Liability and Assumption of Risk. I represent that I have full legal authority to act for and on behalf of Participant, and I agree to indemnify and hold harmless the Workout Club for any expenses, claims or liabilities that may arise as a result of any insufficiency of my full legal authority to execute the foregoing the Waiver of Liability and Assumption of Risk.

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Date

Photography/Videography Consent

At various times throughout the year the workout Club takes photos of the children and adults in our programs for social media and promotional purposes. Your signature below indicates that you grant The Workout Club permission to use your child's image, for such purposes. You also agree to hold The Workout Club harmless from any and all claim/demands (including but not limited to, all claims for libel, defamation, costs and attorney fees) arising out of or in connection with the use of such photographs. Permission is given in perpetuity and without expectation for compensation. The Workout Club agrees to never sell said media to any outside source and to only use said media in the pursuit of legal business practices.

Signed for the above minors: _____ Date _____

NAME OF LEGAL GUARDIAN _____ SIGNATURE _____



Health History Form

CHILDREN'S LAST NAME: _____

Does your child(ren) now or have they ever had a history or experience with the following:

1ST CHILD'S NAME _____ 2ND NAME: _____ 3RD NAME: _____

High or Low Blood Pressure	YES	NO	YES	NO	YES	NO
Diabetes	YES	NO	YES	NO	YES	NO
Chest Pains	YES	NO	YES	NO	YES	NO
Family History of Heart Problems	YES	NO	YES	NO	YES	NO
Joint Problems	YES	NO	YES	NO	YES	NO
Asthma or Needs Inhaler?	YES	NO	YES	NO	YES	NO
Severe Headaches or Dizziness	YES	NO	YES	NO	YES	NO
Recent Surgeries	YES	NO	YES	NO	YES	NO
Epilepsy	YES	NO	YES	NO	YES	NO
Difficulty with any Exercises	YES	NO	YES	NO	YES	NO
Currently taking any Medications?	YES	NO	YES	NO	YES	NO

(Please list below)

Does your child have any known allergies? If known, what? Do they need an epi-pen, medications, etc?

Has your doctor advised your child not to exercise? _____

Why? _____

Is there any reason your child should not take part in energetic activity? _____

If yes, what? _____

As the parent/guardian of the aforementioned child, acknowledge the above information to be true and accurate. To the best of my knowledge, I have given all relevant information regarding my child's health and ability to participate safely in an exercise program. I give my child permission to participate in The Workout Club's Children's Programs and Special Events.

On behalf of myself, my heirs and my assigns, I hereby release the Workout Club and its employees from liability for injury, loss or death of myself or my child while using the facility, equipment, or in any way associated with participating in any activity now or in the future resulting from ordinary negligence of The Workout Club and its employees.

Signed _____ Date _____