



**2020 NH SCHOOL VACATION
FIT KIDS CAMP ~ SALEM NH
Member & Non Member Rates**

Club Fit Kids Camp in Salem NH for 4-12 years of age. 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.

REGISTRATION CLOSING WHEN FULL OR 1 WEEK PRIOR TO THE CAMP SEASON
Additional 10% is offered for siblings.

EARLY DROP OFF 8:15AM ~ LATE PICK UP INCLUDED EXCEPT FRIDAY'S UNTIL 7PM ~ NO AFTERCARE FRIDAYS!

HALF DAYS 8:30-12:30pm or 12:30-4:30pm

	5 Half Days	4 Half Days	3 Half Days	2 Half Days	1 Half Day
(NO after-care Fridays)					
WC Member Rate:	\$157	\$126	\$105	\$70	\$35
Non-Member Rates:	\$202	\$162	\$135	\$90	\$45

FULL DAYS 8:30-4:30PM

	5 Full Days	4 Full Days	3 Full Days	2 Full Days	1 Full Day
(NO after-care Fridays)					
WC Member Rate:	\$225	\$190	\$150	\$100	\$50
Non-Member Rates:	\$270	\$216	\$180	\$120	\$60

Advanced registration is recommended. Please register your campers with a \$50 per child/per week deposit.

Deposits are non-refundable

\$50 PER CHILD PER WEEK NON-REFUNDABLE DEPOSIT IS DUE UPON REGISTERING.

ALL FINAL PAYMENTS ARE DUE ON FEBRUARY 17TH, 2020

annmarie.caprio@theworkoutclub.com

Registrations are taken over the phone/in-house with a debit/credit card 603-894-4800
OR check made payable to: The Workout Club – Salem

***ALL BALANCES MUST BE PAID BY FEBRUARY 17TH, 2020**

REGISTRATION FORM ~ SALEM CAMP

Both Member & Non Member

ARE YOU A WORKOUT CLUB MEMBER? YES NO

DAY	DATE	FULL	HALF	# OF CHILDREN
Monday	2/24/20	_____	_____	_____
Tuesday	2/25/20	_____	_____	_____
Wednesday	2/26/20	_____	_____	_____
Thursday	2/27/20	_____	_____	_____
Friday	2/28/20	_____	_____	_____

.....
BALANCE MUST BE PAID IN FULL BY FEBRUARY 17TH, 2020
No refunds/credit only to future camps/Makeups only allowed if room allows

Child's Name: _____ Age ____ 2nd Childs name _____ Age ____

3rd Childs Name: _____ Age ____

Address: _____ Town: _____

State: _____ Zip Code: _____

Email Address: _____

Parent/Guardians: _____ Cell: _____

Parent/Guardian: _____ Cell: _____

Authorized to Pick-up: _____

NOTES: _____

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

PAID IN FULL \$ _____

Front Desk ONLY: Please print 3 receipts: 1 register, 1 for customer and 1 for my records: Under Fit Kids you will see camp deposit and balance.

CASH _____ CHECK _____ CREDIT CARD _____

Circle: MC Visa Discover AMEX _____ Exp. Date _____ Zip Code: _____

The Workout Club Salem ~ 16 Pelham Road ~ Salem NH ~ 03079 ~ 603-894-4800



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 all claims or actions that may arise against The Workout Club or its owners, employees, contractors, volunteers because 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 because 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 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 camper 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
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 above, mentioned 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 _____