



# Kid-Fit Summer Camp Registration Form

## Child's Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Age: \_\_\_\_\_
- Gender:  Male  Female  Other
- Grade (Fall 2025): \_\_\_\_\_

## Parent/Guardian Information

- Parent/Guardian Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Address: \_\_\_\_\_

## Emergency Contact Information (if parent/guardian cannot be reached)

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

## Medical Information

- Does your child have any medical conditions, allergies, or special needs?  
 Yes  No  
If yes, please list: \_\_\_\_\_
- Does your child require any medications during camp?  
 Yes  No  
If yes, please list: \_\_\_\_\_  
(Please note, no medications will be administered if form 7255 is not completed at the time of drop off.)
- **Insurance Provider (optional):** \_\_\_\_\_
- **Policy Number (optional):** \_\_\_\_\_

## Parent/Guardian Responsibilities Acknowledgment

By signing below, I acknowledge that I have read and agree to the **Parent Responsibilities** outlined in the camp materials. I understand that my child will be expected to follow all camp rules and guidelines for safety and behaviour.

**Medical Release and Assumption of Risk**

By signing below, I acknowledge that participation in physical activities involves inherent risks, and I accept full responsibility for any injuries or accidents that may occur during my child's participation in the **Little Blessings Academy Kid-Fit Summer Camp**. In the event of an emergency, I give permission for camp staff to seek medical attention for my child if necessary.

**Media Release**

By signing below, I grant **Little Blessings Academy** permission to use photographs or video footage of my child participating in camp activities for promotional purposes (e.g., website, social media, print materials). If you do not wish for your child to be included, please notify us in writing before camp begins.

**Refund Policy**

I understand that camp fees are non-refundable except in cases of medical emergencies or if the camp is canceled by **Little Blessings Academy**.

**Payment**

- **Camp Dates:**  May 26-30  June 30-July 4  July 28-August 1
- **Total Payment:** \_\_\_\_\_
- **Payment Method:**  Credit/Debit Card  Check  Cash

**Signature and Consent**

By signing below, I confirm that I have read and understood all the camp policies and agree to the terms and conditions set forth in this registration form.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Kid-Fit Summer Camp Waiver and Release of Liability Form

## Participant's Information

- Full Name of Child: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Parent/Guardian Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Waiver and Release of Liability

I, the undersigned, as the parent or legal guardian of the child listed above, do hereby acknowledge and agree to the following terms:

1. **Assumption of Risk:** I understand that participation in the Little Blessings Academy Kid-Fit Summer Camp involves physical activity and inherent risks, including but not limited to falls, sprains, strains, and other potential injuries. I acknowledge that my child's participation in camp is voluntary, and I assume all risks related to such participation.
2. **Release of Liability:** In consideration of my child's participation in Little Blessings Academy Kid-Fit Summer Camp, I hereby release and hold harmless Little Blessings Academy, its employees, agents, contractors, and representatives from any and all claims, liabilities, damages, or injuries (including death) arising from my child's participation in camp activities, whether such injury occurs on or off the premises of the camp. This release applies to all known and unknown injuries, including those that may arise out of the negligence of the camp, its staff, or other participants.
3. **Medical Authorization:** I hereby grant permission for Little Blessings Academy staff to seek medical treatment for my child in the event of an emergency. I understand that I will be responsible for any medical costs incurred as a result of treatment, transportation, or care, and I agree to provide Little Blessings Academy with all pertinent medical information regarding my child, including any medications or allergies.
4. **Emergency Medical Information:** In case of emergency, I understand that every attempt will be made to contact me or the emergency contact listed in my child's registration form. If I cannot be reached, I consent to the use of emergency medical services for my child.
5. **Media Release:** I grant permission for Little Blessings Academy to photograph or record my child's participation in camp activities and to use these images or videos for promotional purposes, including but not limited to websites, social media, print

materials, and advertisements. If I prefer that my child not be photographed or recorded, I will notify Little Blessings Academy in writing before the start of camp.

6. Behavior and Conduct: I understand that my child is expected to follow all rules and guidelines set forth by Little Blessings Academy. I agree that if my child exhibits inappropriate or unsafe behavior, they may be removed from the camp without a refund.
7. Refund Policy: I understand that camp fees are non-refundable except in the event of a medical emergency or if the camp is canceled by Little Blessings Academy.

By signing below, I acknowledge that I have read, understand, and agree to the terms and conditions of this waiver. I am voluntarily allowing my child to participate in the Little Blessings Academy Kid-Fit Summer Camp and I do so at my own risk.

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_