

Fitness Fun Camp



health^{plus}
fitness center
a service of east alabama medical center

**2010 SUMMER
REGISTRATION PACKET**

IT'S GOING TO BE AN AWESOME SUMMER AT HEALTHPLUS!

Our goal at Fitness Fun Camp is to provide a safe and fun-filled camp environment that will promote fitness, health, creativity, and friendship. Each camp day will be full of fun activities:

PLAY! Capture - the - flag, dodge ball, kickball, soccer, four square, basketball, volleyball, shark tag, croquet, scooters and much more!

SWIM! Every day in our indoor pool- noodles, diving rings, splash balls, water basketball!

ENRICHMENT! Learn more about art, music, science, and more!! Shhh, don't tell the kids that learning can be fun!!

FUN DAYS!! Movies, Bruster's, Fishing, Random Talent Show!

EXTRA SPECIAL! Slip 'n slide, bubbles, slime games, show & tell, Scavenger Hunt, and much more!

**ACTIVITIES! ACTIVITIES! ACTIVITIES!
ACTIVITIES! ACTIVITIES!**

FITNESS FUN CAMP

SUMMER 2010

Wow! Have we got a summer planned for your kids! Each day will be filled with fun activities in an exciting atmosphere! Early registration is very important, so you can get the days you want. Registration will begin Saturday, February 20. - bring your completed forms and \$50 registration fee to the HealthPlus Fitness Center Front desk. **ALL returning campers must fill out new forms.** Please keep in mind that registration is not complete until it is confirmed via email.

CAMP DIRECTOR

The Camp director is Laura Futrell. All questions and inquiries can be directed to her. You can reach her by email at laura.futrell@eamc.org or by phone at (334) 887-5666 ext. 209.

COUNSELORS

We have many familiar counselors returning as well as a few new faces his year. Our goal is to provide a safe fun-filled camp environment that will promote fitness, health, good-sportsmanship, and friendship. All counselors are certified in CPR & First Aid.

DAYS AND HOURS OF OPERATION

Camp begins Wednesday May 26th and ends Monday August 9th. There will be no camp on Memorial Day May 31st. The camp day runs from 8:00 a.m. - 4:30 p.m. Extended care is provided at no extra charge from 7:00 a.m. - 8:00 a.m. and 4:00 p.m. - 6:00 p.m.

AGE REQUIREMENTS

Children must be between the ages of 5-14. Children will be divided into age appropriate groups based largely on their age. Each child will be responsible for his/her belongings and follow the daily camp schedule.

DAILY FEES

HealthPlus Member	First Child: \$30, Second Child: \$25, Third Child: \$20
Non-Member	First Child: \$35, Second Child: \$30, Third Child: \$25

These rates are for children in a family. Once a child has been assigned a rate, it will remain the same for the entirety of the summer, unless approved by the director.

REGISTRATION FEE

This \$50 fee will be charged for processing your child's registration, securing your daily spots, and the initial camp preparation. The registration fee is non-refundable and required for registration.

REGISTRATION FORM

Mark each day that you would like your child to attend Fitness Fun Camp on the Registration Form. Upon confirmation from Laura, your child has a spot saved for the days you indicated. Any changes to your child's registration must be made the Thursday before each camp week. Changes must be given to Laura via email or in writing.

PAYMENT OPTIONS

We have four payment options. Please choose the one that will work best for you:

SELF-PAY

Full payment of next week's camp fees will be due the Thursday before. Failure to pay will result in the loss of your child's space. If your child misses a camp day that has been paid in full, it is lost. The payment will not be credited to future camp days and cannot be refunded. Payments will be made at the HealthPlus Front Desk. We accept cash, check, Visa or MasterCard. We do not accept Discover or American Express.

CREDIT/DEBIT CARD

Provide us with your credit or debit card information and each Tuesday we will charge your card for the previous camp week's fees (daily and/or missed). You will receive a **\$5 discount** on the daily fee. We do not accept Discover or American Express.

HOSPITAL PAYROLL DEDUCTION

Provide us with your employee number and camp fees will be deducted each pay period throughout the summer. You will receive a **\$5 discount** on the daily fee.

MISSED CAMP DAYS

This fee only applies to those that choose the credit/ debit card, EFT or payroll deduction plans. A fee of \$10 will be charged for each missed camp day. This fee will be incurred if your child is registered to attend, no notice of absence is given to the Camp Director, and we are at maximum capacity. Notice must be given in writing or via email the Thursday before each camp week.

AUTHORIZED PICK- UP FORM

This list indicates all individuals who are allowed to pick up your child from camp and those that are not allowed. Additions or deletions may be made at any time by written notice or e-mail from the parent/ guardian to the Camp Director. All authorized individuals must show identification to the camp counselor upon pick- up. The child will not be released to the individuals listed as unauthorized or not listed at all. This is to ensure the safety of your child. If there are any applicable legal documents that we need, please send a copy at registration.

SEE YOU THIS SUMMER!

FITNESS FUN CAMP INFORMATION FORM HEALTHPLUS FITNESS CENTER

Summer 2010

(one child per form)

CHILD'S NAME _____

AGE _____ BIRTHDATE _____

PARENTS' NAMES _____

PHONE (C) _____ (C) _____

PHONE (W) _____ (W) _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

BEST PERSON TO CONTACT FIRST? _____

ARE YOU A HEALTHPLUS MEMBER? _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS? _____

ALLERGY/ DIET RESTRICTIONS _____

ACTIVITIES TO BE RESTRICTED _____

MEDICAL INFORMATION

PHYSICIAN'S NAME _____

PHONE _____

EMERGENCY FACILITY PREFERRED _____

DATE OF LAST TETANUS _____

CURRENT MEDICATIONS _____

EMERGENCY CONTACT INFORMATION (if parents cannot be reached)

NAME _____

PHONE _____ RELATION TO CHILD _____

PAYMENT CHOICE

_____ SELF- PAY

_____ CREDIT/DEBIT CARD

_____ HOSPITAL PAYROLL DEDUCTION (employee number : _____)

CREDIT/ DEBIT CARD

The card specified here will be charged each Tuesday for the previous camp week’s fees (daily and/or missed). HealthPlus does not accept Discover or American Express cards. The card must belong to whomever is signing the form.

Name of Cardholder _____

Card Number _____ Expiration Date _____

Cardholder’s Signature _____

Security Code: _____ (3 digit code on back of card)

I, _____, hereby certify that I am the parent/guardian of the above named child. To the best of my knowledge the information on this form is correct.

My child has permission to participate in all Fitness Fun Camp activities except those noted above. I certify that my child does not have a medical condition affecting or limiting in any way his or her ability to safely participate.

I assume all responsibility and risk of injury, loss or damage to person or property, by whatever cause (including any act or omission, negligent or other), sustained by the child, arising out of or relating to his or her presence at the Center or participation in the Fitness Fun Camp program.

I hereby release East Alabama Medical Center, HealthPlus Fitness Center, any parent or affiliated entity, their employees, agents, successors, and representatives from any and all liability for loss, damage or injury to person or property, by whatever cause (including any act or omission, negligent or otherwise) sustained by me or my child or any other person, arising out of or relating to his or her presence in the Fitness Fun Camp program.

I further agree to indemnify and hold harmless East Alabama Medical Center, HealthPlus, any parent or affiliated entity, their employees, agents, successors, and representatives from and against any and all claims for loss, damage, injury to person or property by whatever cause (including any act or omission, negligent or otherwise) sustained by my child or any other person, arising out of or relating to his or her presence at the Center or participation in the Fitness Fun Program.

In the event of an emergency in which I cannot be reached, I hereby grant permission to the physician/facility selected by the Camp Director, to secure proper treatment for, and including, but not limited to, injections, anesthesia, or surgery for my child as named here in.

I have read and agree to abide by the camp policies and procedures. HealthPlus Fitness Center may produce/reproduce any photographs, slides/videos taken of us/our child/children for publicity purposes. Signature and fee payment required before registration can be processed.

Parent/Guardian Signature _____ Date _____

REGISTRATION FORM

NAME: _____

Mark each day that you would like your child to attend Fitness Fun Camp.

YOUR SPOT IS NOT GUARANTEED UNTIL LAURA CONFIRMS VIA EMAIL.

MAY

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		26	27	28
31 NO CAMP				

JUNE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

JULY

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

AUGUST

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2	3	4	5	6
9				

CHILD'S NAME _____

AUTHORIZED PICK - UP

Please list the individuals who are **allowed** to pick up your child from Fitness Fun Camp including parents/guardians.

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

UNAUTHORIZED PICK - UP

Please list the individuals who are **not allowed** to pick up your child from Fitness Fun Camp.

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Additions or deletions may be made at any time by _ notice from the parent/ guardian to the Kid's Program Director. All authorized individuals must show identification to counselors. The child will not be released to the individuals as unauthorized or not listed at all. A signature is required before registration can be processed.

Parent/ Guardian Signature _____ Date _____