



Wellness & Fitness Center Peninsula

Dear Parent(s):

Welcome to the RWFC Fit Camp. In order to better prepare you and your child/ren , we ask that you take some time to go over the following material enclosed in this packet.

The following forms must be turned in at the time of registration, or we will not accept your registration:

- PHYSICAL EXAMINATION FORMS
- IMMUNIZATIONS that are up to date
- A copy of a BIRTH CERTIFICATE
- EFT AUTHORIZATION FORM

A registration form will not be accepted if there are any lines left blank. If something does not apply, please, write N/A.

Included in this packet, is a Weeks Attending Form, please, fill out the weeks your child will be attending. If you need to add a week or cancel a week, proper notification to the Fit Camp staff must be made 2 weeks prior. If your child is signed up for a week, and does not attend without notification, you will be charged for the whole week.

Please, feel free to call at 875-7525 if you have any questions concerning the camp or the materials enclosed. Thank you for selecting Riverside Wellness and Fitness Center!

Sincerely,
Fit Camp Staff

Caitlin Wilcox
Youth Programs Manager
Caitlin.Wilcox@rivhs.com

FIT CAMP

What to bring to camp:

(Please, label everything.)

- Tennis Shoes (Open toed shoes are not allowed)
 - Bathing Suit
 - Towel
- Lunch (name must be on lunch box)
 - Two snacks
 - Water bottle
 - Sunscreen
- Medications (with proper documentation)

Only Children in the Thunderducks (9-12) may bring electronics.

SUMMER CAMP APPLICATION FOR ENROLLMENT**Please, fill out every line. No lines should be left blank.**

CHILD'S NAME / /

FIRST MIDDLE LAST MONTH DAY YEAR

NAME YOU PREFER YOUR CHILD TO BE CALLED:

CHILD'S ADDRESS

ADDRESS CITY STATE ZIP CODE

MALE FEMALE / / CHILD'S DATE OF BIRTH

PREVIOUS CHILD DAY CARE PROGRAMS AND SCHOOLS ATTENDED: _____

CURRENT GRADE LEVEL _____

MOTHER/GUARDIAN

FIRST MIDDLE LAST

ADDRESS _____ HOME PHONE (____) _____ - _____ DATE OF BIRTH

CELL (____) _____ / /

EMPLOYED BY: _____ OFFICE (____) _____ - _____

WORK ADDRESS: _____ WORK HOURS _____

EMAIL ADDRESS: _____

FATHER/GUARDIAN

FIRST MIDDLE LAST

ADDRESS _____ HOME PHONE (____) _____ - _____ DATE OF BIRTH

CELL (____) _____ / /

EMPLOYED BY: _____ OFFICE (____) _____ - _____

WORK ADDRESS: _____ WORK HOURS _____

EMAIL ADDRESS: _____

EMERGENCY INFORMATION:

Emergency contacts other than parent or doctor (legal authorities will be contacted for children left at the Center one hour after closing time of Fit Camp.) **You must list 2 contacts, with local addresses. Do not leave any line blank.**

1) Name _____ Phone _____

Address _____

2) Name _____ Phone _____

Address _____

Consideration is given to the individual needs of every child and the ability of the program to meet those needs. Please, inform the staff before camp begins, if your child requires any special accommodations. This information enables the staff to better meet the needs of your child, within available resources and to the reasonable extent.

My child has the following allergies and/or intolerances, and action to be taken in case of emergency:

Chronic physical problems, pertinent developmental information and special accommodations needed:

Please, list any important information about your child that would best help our staff on a typical day. For example, what helps when your child is angry or upset. The more information you can provide for us, the better resources we have to meets the needs of your child:

Pediatrician/Family Physician: _____ Phone Number: _____

Current Medications: _____

Name (s) of person (s) authorized to pick up child:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

Name (s) of person (s) NOT authorized to pick up child (MUST HAVE LEGAL DOCUMENTATION):

1) _____

2) _____

3) _____

AGREEMENTS—Must Initial

- _____ 1. The Fit Camp/Wellness Center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
- _____ 2. The parent/guardian will inform Fit Camp within 24 hours if the child or any member of the household has developed a communicable disease. Any life threatening disease must be reported immediately.
- _____ 3. The parent/guardian authorizes the Fit Camp/ Wellness Center to obtain immediate medical care if any emergency occurs while the child is in our care.*
- _____ 4. Camp fees will be charged from an EFT on file every Friday. A \$25 fee will be charged if the card does not go through.
- _____ 5. I agree to pay an UNAUTHORIZED LATE PICK-UP FEE, per child each 15 minute period (\$20), or subsequent portion therefore the child(ren) is left in the center after the time of close.
- _____ 6. I understand that there must be an Authorization to Administer Medication, signed & on file for the staff to administer medication to the child. Medication must be labeled with child's name for it to be administered as well.
- _____ 7. I understand that my child will need a lunch and 2 snacks, a water bottle, a bathing suit and a towel. Everything must be labeled.
- _____ 8. The child is subject to termination from Fit Camp after 3 violations of our behavior policy. Fighting, hitting, or bullying may lead to immediate termination. A conference with our director will be established after the second violation.

SIGNATURES

Parent or Guardian

Date

Administrator of Camp

Date

Year Child Attended Camp: _____

* If there is an objection to seeking medical care, a statement should be obtained from the parent/guardian that states their objection and the reason for their objection.

Additional Medical Information

We collected medical information about your child, _____ at the beginning of the activity year. Please give full details of any new or changing conditions (medical, physical or management) which may affect your child's full participation in the activity described in the form.

Activity Risks & Insurance

If your child, _____ is injured as a result of an accident or incident, you understand and agree that all costs associated with the injury, including medical costs are the responsibility of the parent and /or legally authorized representative.

Parent /Legal Guardian Name: _____ (Please Print)

Parent's Signature: _____ Date: ____/____/____

OFFICE USE ONLY
IDENTITY VERIFICATION

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e. after school program) or the center transfers responsibility of the child directly to the school (i.e. before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
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Other Form of Proof

Swimming Ability

In order to ensure complete safety while your child/ren are at RWFC Fit Camp we would like to know your thoughts on your child/ren's swimming ability. Do you think that they are advanced enough to swim on their own (with supervision of course)? Do they feel comfortable in the water? Do you they need assistance from floatation type devices such as water wings? Do they need someone with them? Please include anything that you would like us to know. For your child's safety, it is important for us to find out the level that your child may be at currently or any skills they may already possess. If you do not want your child to use the pool please mark that below also.

Thank You.

Child's Name: _____ Age: _____

Signature of Parent/Guardian

Date

Riverside Wellness & Fitness Centers Fit Camp Payment Authorization Form

Thank you for choosing the Riverside Wellness & Fitness Center for your child's Childcare services.

Child's Name: _____ DOB: ____/____/____

Child's Name: _____ DOB: ____/____/____

Fit Camp: RWFC Members and RHS Employees - \$150.00 · Nonmembers - \$200.00

Part Time: -\$110.00/ \$155.00 (3 days rate)

I hereby authorize the Riverside Wellness and Fitness Center to deduct from my debit/credit card my child's Fit Camp fees and:

I understand that if Fit Camp payment is charged back to the RWFC for any reason, RWFC will re-charge my card for the original amount due **plus a service fee.**

Payment will be taken out on the Friday of the week your child attends camp.

Credit Card # _____ Expiration Date: _____ CVC: _____

Full Name on credit card: _____

Visa Mastercard Discover American Express

Name (please print)

____/____/____
Date

Signature



**Riverside
Health**

Wellness & Fitness Center Peninsula



Wellness & Fitness Center Peninsula

Weekly sessions · June 23rd—August 15th

Ages 3-5
“Lucky Charms”

- Complete separate forms for each child. Pre-registration required.
- Check the desired camp weeks in the bottom section of the form.
- PAYMENT will be taken from the EFT you have provided every Friday.

Participant’s Name: _____ Age: ____ Birth date: ____/____/____ Sex: ____

Fit Camp: RWFC Members and RHS Employees - \$150.00 · Nonmembers - \$200.00

Part Time: -\$110.00/ \$155.00 (3 days rate)

Registration Fee due at time of Enrollment—\$35/per child

\$5 off for the 2nd child. (Week rate only)

Are you a member or a RHS Employee? _____

Dates	Weeks Attending (Please check)	Total Due	Full Time Or Part Time
Registration Fee		\$35	
June 23rd—June 27th			
June 30th—July 3rd (No Camp July 4th)			
July 7th—July 11th			
July 14th—July 18th			
July 21st—July 25th			
July 28th—August 1st			
August 4th—August 8th			
August 11th—August 15th			



Wellness & Fitness Center Peninsula

Weekly sessions · June 23rd—August 15th

Ages 6—8
“Ty-Dukes”

- Complete separate forms for each child. Pre-registration required.
- Check the desired camp weeks in the bottom section of the form.
- PAYMENT will be taken from the EFT you have provided every Friday.

Participant’s Name: _____ Age: _____ Birth date: ____/____/____ Sex: _____

Fit Camp: RWFC Members and RHS Employees - \$150.00 · Nonmembers - \$200.00

Part Time: -\$110.00/ \$155.00 (3 days rate)

Registration Fee due at time of Enrollment—\$35/per child

\$5 off for the 2nd child. (Week rate only)

Are you a member or a RHS Employee? _____

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July 7th—July 11th			
July 14th—July 18th			
July 21st—July 25th			
July 28th—August 1st			
August 4th—August 8th			
August 11th—August 15th			



Wellness & Fitness Center Peninsula

Weekly sessions · June 23rd—August 15th

Ages 9—12
“ThunderDucks”

- Complete separate forms for each child. Pre-registration required.
- Check the desired camp weeks in the bottom section of the form.
- PAYMENT will be taken from the EFT you have provided every Friday.

Participant’s Name: _____ Age: _____ Birth date: ____/____/____ Sex: _____

Fit Camp: RWFC Members and RHS Employees - \$150.00 · Nonmembers - \$200.00
 Part Time: -\$110.00/ \$155.00 (3 days rate)
Registration Fee due at time of Enrollment—\$35/per child
 \$5 off for the 2nd child. (Week rate only)

Are you a member or a RHS Employee? _____

Dates	Weeks Attending (Please check)	Total Due	Full Time Or Part Time
Registration Fee		\$35	
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August 4th—August 8th			
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