



SUMMIT FITNESS CAMP FOR KIDS

Welcome to the SUMMIT Fitness Camp for Kids! Please be assured that your child/children are in very capable hands and will be learning a great deal about exercising and eating well.

By signing this document you allow your child/children to participate in all SUMMIT Fitness Camp for Kids activities and release SUMMIT Health & Fitness Club of any liabilities that may result from these activities (ex: sprain, soreness, etc.).

Child's Name: _____

Age: _____

Parent/Guardian's Name: _____

Emergency Phone Number: _____

Parent/Guardian allowed to pick up child: _____

Medical Concerns: _____

Allergies: _____

Length of Program (2-weeks, 1-week, drop-in): _____

Program Start Date: _____

Program End Date: _____

Parent/Guardian Signature

SUMMIT Employee