

**Kendall Camp Location** 13270 SW 131st Street Unit 129. Miami, FL 33186  
Corporate Office: 13501 SW 136<sup>th</sup> Street Suite #203 Ph: 305-278-1700

**Camper's Information:**

Name: \_\_\_\_\_ Birth Day: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Father's Information:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Mother's Information:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Person Responsible for Payme**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

**Emergency/Medical Information:**

A Copy of your child's current health certificate, dated no earlier than May of the present year, is required of all cam pers. Please obtain a copy of this form from yourchild's current school or pediatrician. **Your child will not be admitted to Kids and Fitness Summer Camp without this form.**

**Emergency Contact #1**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to the Camper: \_\_\_\_\_

**Emergency Contact #2**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to the Camper: \_\_\_\_\_

**Doctor's Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List all conditions, physical or behavioral, as well as, any allergies, dietary restrictions, or medications:

List ALL authorized individuals, other than the parents, to pick up child (ren) (I.D. must be provided to release child.):

I/We give Kids and Fitness Camp permission to administer First Aid to my child (ren). I/We give Kids and Fitness Camp permission to use my child (ren)'s likeness or photo that may appear in Camp and/or public publications, TV, or electronic media.

# KIDS AND FITNESS SUMMER CAMP SCHEDULE – 2009

Hours are from 8:30am to 3:30pm.

(2 Session minimum)

\$200.00 per Session per Camper + Registration Fee of \$100.00

Session 1:	June 8-12, 2009	Session 2:	June 15-19, 2009
Session 3:	June 22-26, 2009	Session 4:	June 29-July 3, 2009
Session 5:	July 6-10, 2009	Session 6:	July 13-17, 2009
Session 7:	July 20-24, 2009	Session 8:	July 27-31, 2009
Session 9:	August 3-7, 2009		

## DESIRED WEEKS

Sessions: 1 2 3 4 5 6 7 8 9

(Circle your Choices).

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## Extended Day

3:30-5:30 - \$50 a week per Camper- (Discounts for siblings).

\$10 per day on an occasional basis.

## DESIRED WEEKS

Sessions: 1 2 3 4 5 6 7 8 9

(Circle your Choices).

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## Payment Options, Discounts, Due Dates, and Signatures

- A: **Minimum Initial Payment with Application:** \$200.00 + Registration fee of \$100.00
- B: **Discounts:** 5% for Siblings.
- C: **Payment Due Dates:** Charges for weeks 1-4 are due by May 15, 2009. Charges for weeks 5-9 are due by June 12<sup>th</sup>, 2009
- D: I/We agree all unpaid fees are immediately due and payable and I/We agree to pay interest on balances with the Camp at the rate of two percent (2%) per month until paid. I/We waive notice and agree to pay all cost of collection including reasonable attorney's fees whether suit be brought or not. I/We knowingly and intelligently waive the right to a trial by jury. I/We agree that venue and jurisdiction for any litigation relating to this document and/or agreement shall be in Miami Dade County, Florida. If collection due to fault occurs, I/We shall be liable for all costs of collection, including filing fees and attorney's fees. In the event of default, interest shall accrue on any balance at the highest legal rate.

Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Charges must be paid by applicable due date or reservation will be cancelled. Patrons are responsible for all charges for services rendered or reserved. For your convenience, our Accounting Department can calculate your total fees. Feel free to call at 305-279-1700.

Amount enclosed with Application: \$ \_\_\_\_\_ Payment Method: ( ) Cash ( ) Check #: \_\_\_\_\_

( ) Credit Card (fill out authorization below)

Credit Card#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security V-Code (3 digits for MC, Visa, & Discover, 4 digits for American Express): \_\_\_\_\_

( ) Visa ( ) Master Card ( ) Discover ( ) American Express

Name as it appears on Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Check one:** ( ) Deposit or ( ) Payment for Sessions 1 2 3 4 5 6 7 8 9