2023 FIT CAMP APPLICATION

Child Information: Date of Birth: _____ Grade Level: ____ Age: ____ Mailing Address: City: _____ State: ____ Zip Code: ____ Home Phone: Primary Language(s) spoken at home: **Parent/Guardian Information:** Mother/Guardian's Name: Home Phone: ______Work Phone: _____ Cell/Pager: _____ E-Mail: _____ Mailing Address: City: _____ State: ____ Zip Code: ____ Father/Guardian's Name: Home Phone: ______Work Phone: _____ Cell/Pager: _____ E-Mail: _____ Mailing Address: City: _____ State: ____ Zip Code: ____ Number of children in program: _____

If Pick **Up**, list two individuals who may be called in the event your child is not picked up by 2:00 p.m.

1 Telephone #:	
2 Telephone #:	
Parent/Guardian Signature	Date
Please let us know if your child has my physical limitations and/or food allergies	
Please complete form and return with child on first day of FIT CAMP	
	nission
We will also on occasion be administrating surveys to be taken by your child. Your signature gives us permission to access this information. On occasion your child may be participating in a class in which they have the opportunity to access the Internet for tutoring, research, or instruction. These occasions will always be monitored and supervised by his/her instructor. Your signature gives us permission to allow your child to access and use the Internet.	
During the program, photographs or tapes may be made of students performing various activities. These might be used in the newspaper or our web site for publicity about the program. Your signature gives us permission to use these photographs or videos in the manner described.	
Parent/Guardian's Signature:	Date: