## 2024 FIT CAMP APPLICATION

Cinia information.			
Name:			
Date of Birth:	Grade Level:	Age:	
Mailing Address:			
City:	State:	Zip Code:	
Home Phone:			
Primary Language(s) spoken	at home:		
Parent/Guardian Informati	ion:		
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:			
		Zip Code:	
Number of children in progra	ım:		
If Pick <b>Up</b> . list two individua	als who may be called	in the event your child is not	nicked un by

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

Telephone #:		
2.	_ Telephone #:	
Parent/Guardian Signature	Date	
Please let us know if your child has my physica	l limitations and/or food allergies	
Please complete form and return with child on f	First day of FIT CAMP	
	nission	
_	onitored and supervised by his/her instructor.	
	ay be made of students performing various er or our web site for publicity about the program. photographs or videos in the manner described.	
Parent/Guardian's Signature:	Date:	