



FitKids Fredericton Summer Camp 2024 Registration Form

FitKid Information

First & Last Name: _____ Age: ____
 School: _____ Birthdate: _____
 Medicare #: _____ Expiration: _____
 Address: _____
 Special Medical Information/Allergies: _____

Parent/Guardian Information

Mother: _____ Father: _____
 Phone #: _____ Phone #: _____
 Email: _____ Email: _____

Summer Camp Weeks

Please select the week(s) you would like to register your child:

___ June 24 th	\$185 / week	___ July 29 th	\$185 / week
___ July 1 st	\$150 / week	___ August 5 th	\$150 / week
___ July 8 th	\$185 / week	___ August 12 th	\$185 / week
___ July 15 th	\$185 / week	___ August 19 st	\$185 / week
___ July 22 nd	\$185 / week		

Drop in \$45/day - Please e-mail prior to check for availability. (contactfitkids@gmail.com)

Payment Information

FitKids accepts cash, cheques and EMT payments only
 Please send all EMT payments to bootcamp@nb.aibn.com
 Cheques made payable to FITKIDS

All payments are due one week prior to the start date of the selected week(s) of camp.

Image Waiver

By signing this section, you agree that any FitKids pictures taken throughout the season can be used for advertising, posted on social media and /or our FitKids website.

Signature: _____ Date: _____

Emergency Contact Information

Emergency Contact #1: _____ Phone
#: _____

Emergency Contact #2: _____ Phone
#: _____

**Will your child be returning /beginning FitKids After School Program in September 2023?
Yes / No**



PARENTAL CONSENT FOR EMERGENCY CARE AND TRANSPORTATION

If at any time, due to circumstances such as an injury or sudden illness, medical treatment is necessary, I (we) authorize the operator/administrator/staff of FitKids, to take whatever emergency measures are necessary for the protection of (our) my child while in their care.

I understand this may involve applying first aid, calling a physician or nurse, carrying out the instructions given, and/or transporting my (our) child to a hospital, including the possible use of an emergency vehicle. I understand that this may be necessary prior to contacting me (us) and that any expenses incurred for such treatment, including emergency transportation is my (our) responsibility.

ADMINISTRATION OF MEDICATION RECORD – Acetaminophen

This authorizes staff of _____ to administer acetaminophen to (Name of child) _____ providing the procedures outlined below have been taken. At the first appearance of symptoms (i.e. Fever), proceed as follows: **(To be completed by the parent)**

1. Take and record the child's temperature and symptoms on the Potential Illness form.
2. Contact the parents to discuss the symptoms and the child's temperature and to receive the parent's oral consent for administering acetaminophen. Be sure to have the parent confirm with you the dosage to be administered.
3. Administer the medication in accordance with the parent's directions and record on the Administration of Medication form.
4. Ensure that the parent signs the appropriate space on the Administration of Medication form upon their arrival at the day care centre to confirm that he/she was consulted and is in agreement with the dosage given.

CONSENT FOR OUTINGS, EXCURSIONS, ACTIVITIES OFF THE PREMISES OF THE DAY CARE FACILITY

I _____ the parent/guardian(s) of _____ authorize the operator/ administrator/ staff of **Fitkids** to take my (our) child on outings, excursions and activities away from the facility, either on foot or in a vehicle providing the driver and said vehicle are properly insured for the carrying of passengers. I (we) understand that I (we) will receive advance notice of each planned outing, excursion, or activity away from the premises.

Parent signature _____ Date _____

Parent signature _____ Date _____