



FitKids Fredericton Summer Camp 2025 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 for:

___ June 23 rd	\$185 / week	___ July 28 th	\$185 / week
___ June 30 th	\$150 / week	___ August 4 th	\$150 / week
___ July 7 th	\$185 / week	___ August 11 th	\$185 / week
___ July 14 th	\$185 / week	___ August 18 th	\$185 / week
___ July 21 st	\$185 / week		

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

Payment Information

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

FitKids accepts cash, cheques and EMT payments only

Please send EMT payments to bootcamp@nb.aibn.com

Cheques made payable to FITKIDS

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 #: _____



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 _____