



## FitKids Fredericton Summer Camp 2026 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:

week	cost	select	week	cost	select
June 22 <sup>nd</sup>	\$195.00		August 3 <sup>rd</sup>	\$160.00	
June 29 <sup>th</sup>	\$160.00		August 10 <sup>th</sup>	\$195.00	
July 6 <sup>th</sup>	\$195.00		August 17 <sup>th</sup>	\$195.00	
July 13 <sup>th</sup>	\$195.00		August 24 <sup>th</sup>	\$195.00	
July 20 <sup>th</sup>	\$195.00		August 31 <sup>st</sup>	No camp that week due to building maintenace	
July 27 <sup>th</sup>	\$195.00				

- ***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](mailto: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 \_\_\_\_\_