



# Lakeshore Fitness Center

Muskegon Community College

## Fit and Fun Summer Camp Registration

**Please circle the session that you wish to sign your camper up for:**

Session 1: June 24-June 28      Session 2: July 22– July 26

Drop off is 9:00 am and pick up is 3:00 pm. Monday-Friday.

The fee: Members- \$170 for the first child and \$120 for additional child(ren)

Non Members- \$190 for the first child and \$145 for each additional child(ren)

Children may only be picked up by the adults on the authorized pick up list. Snacks will be provided daily, but lunch is to be brought from home. Also, Swim suits, tennis shoes and a change of clothes should also be brought.

### Camper's Information:

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Gender: M F      Phone Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Cellphone # : \_\_\_\_\_

### Emergency Contact Information:

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to the camper: \_\_\_\_\_

Who is authorized to pick up the child? \_\_\_\_\_

Does the camper have any allergies, chronic illness, or medical conditions?

\_\_\_\_\_  
\_\_\_\_\_

Please fill out this form and return it to : MCC Lakeshore Fitness Center  
ATTN: Kids Care Coordinator  
900 W Western Ave  
Muskegon MI 49441

\*Parents will be contacted to make payment arrangements.

## WAIVERS, TERMS, CONSENTS, AND CONDITIONS

**Acknowledgement of risk:** In registering for the above listed program(s) of Lakeshore Fitness Center, I realize that participation in recreation programs, fitness classes, sports leagues and other recreation activities are, or may be, dangerous and do, or may, involve risks, including but not limited to risks of bodily injury, personal injury, death, and property loss or damage. I realize that these risks include, without limitation, potential physical injury or death from causes such as use, misuse or malfunction of recreation equipment, vehicle accident, slipping, falling or colliding with objects or other participants, and from a variety of other foreseeable and unforeseeable circumstances connected to recreation activities. By this agreement, I hereby voluntarily agree to assume all such risks of injury, death, loss or damage arising out of, or related to, my camper's engaging in, or spectating at, such programs and activities, regardless of cause.

**Waiver and Release of Liability:** By this agreement, I hereby waive, exempt, release and discharge Lakeshore Fitness Center, its officers, employees, insurers, instructors, volunteers, officials, coaches, counselors, directors, sponsors, partners or representatives, from any and all claims, demands and actions of any kind for any bodily injury, personal injury, death, property damage or other damage or loss that may occur to my camper in any way as a result of engaging in, or spectating at, the above-listed recreation program(s), regardless of whether or not caused by the act, omission, negligence or other fault of Lakeshore Fitness Center, its officers, employees or any other of the above-listed persons or entities, or any other cause.

*I agree to assume full risk and to waive, relinquish and release all claims I and/or the participant (my child) may have against, indemnify, hold harmless and defend Lakeshore Fitness Center. This includes as well its officers, agents, servants, and employees from any such claim resulting from injury, damages or loss sustained on account of my camper's participation in this camp program. I understand that I am responsible for all my camper's medical insurances and that as a participant I must cover all medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to my camper's emergency treatment by a physician or hospital in the event that the emergency contact or I cannot be contacted. If it is not possible to locate emergency contacts, listed treatment will not be delayed. I will accept the expense of emergency transportation, medical or surgical treatment.*

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sunscreen Consent: I agree to apply sunscreen to my camper before dropping him/her off at camp every morning.** I give my permission to the staff at Lakeshore Fitness Center Summer Camp to assist with applying, or apply, sunscreen to my camper's exposed skin including the face, tops of ears and bare shoulders, arms, legs and feet 30 minutes before outdoor activities. **It is my responsibility to provide sunscreen with a minimum SPF of 15.** I understand I must provide the sunscreen in its original container labeled with my camper's name and within the noted expiration date. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. In the event that my camper does not have sunscreen with them, camp staff may apply Target's Up & Up Sport SPF 50 spray or Walmart's Equate Ultra Protection SPF 50 to my child. It is my responsibility to check the ingredients of these products to ensure my camper is not allergic to them.

**OR: My camper may NOT use any sunscreen other than the one that he/she brings. PLEASE CIRCLE & INITIAL:**

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Media Consent:** I authorize and consent to the publication, whether by television, newspaper, written advertisements, website or internet posting or otherwise, of all or any portion of my camper's name, and any picture or image of my camper taken in connection with engaging in, or spectating at, any activity of Lakeshore Fitness Center Summer Camp.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment/Return Policy

Payment is due at time of registration. Campers must be registered by the Friday before the start of the camp (June 21, July 19). A 50% refund will be issued up to a week prior to the start of camp for extreme circumstances (i.e. hospitalization or relocation). **No refunds will be issued the week of the camp. The Lakeshore Fitness Center reserves the right to modify the refund policy at any time.**

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_