

## 2019 SUMMER CAMP REGISTRATION FORM:

Registrations are processed in the order received. Parent packet forms are required to attend and includes a HEALTH FORM and PARENT CONFIDENTIAL INFORMATION FORM. Simply fill in the Camper Information Section and Payment Information. For those who wish to email these forms back, please send to [thegrindadmin@thegrindfs.com](mailto:thegrindadmin@thegrindfs.com).

### CAMPER INFORMATION: (Please print legibly – required by all)

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Sex: (check one) ☐ male ☐ female Date of Birth: (ages 5-12 only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ School attending this year: \_\_\_\_\_

### PARENT INFORMATION:

1<sup>st</sup> Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PICK UP AUTHORIZATION:

For safety and security reasons, we must know if someone other than the names person(s) in the “Parent Information” section will be picking up your child from camp. If so, please indicate below. If no one is listed, on the person(s) in the “Parent Information” section will be allowed to pick up the camper associated with this registration. In all cases, proper photo ID will be required in order to pick up the camper. There are no exceptions.

#1 Name as it appears on license

#2 Name as it appears on license

\_\_\_\_\_

\_\_\_\_\_

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

**ALLERGIES** (check one) ☐ YES ☐ NO IF YES, WHAT IS THE ALLERGY AND REACTION SEEN?

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

### CHRONIC HEALTH CONCERNS:

☐ Camper has no chronic health concerns

☐ Camper has the following health concerns:

☐ Asthma/Wheezing/Shortness of Breath

☐ Frequent Ear Infections

☐ Headaches

☐ Severe allergies (requires inhaler/EpiPen)

☐ Frequent Colds

☐ Diabetes

### PAYMENT INFORMATION: registrations processed in order received

NOTE: The entire balance is due upon registration.

#### Session Fee:

EARLY BIRD SIGN UP (DEC 10 <sup>TH</sup> - FEB 1 <sup>ST</sup> )	\$100/WEEKLY
REGULAR SIGN UP (FEB 2 <sup>ND</sup> -APR 30 <sup>TH</sup> )	\$150/WEEKLY
LATE SIGN UP (MAY 1 <sup>ST</sup> & AFTER)	\$170/WEEKLY
BEFORE/AFTER CARE	SEE BELOW

### BEFORE AND AFTER CARE OPTIONS:

Before Care only: \$15/day

After Care Only: \$25/day

Before & After Care: \$30/day

### CAMP HOURS:

*Before Care: 6:30AM-7:45AM*

Monday: 8AM-4PM

Tuesday: 8AM-4PM

Wednesday: 8AM-4PM

Thursday: 8AM-4PM

Friday: 8AM-4PM

Saturday: CLOSED

Sunday: CLOSED

*After Care: 4:30PM-6:00PM*

### HALF DAY CAMP:

We also offer a Half Day option! Children must be picked up between 12:00PM and 12:30 PM.

#### Session Fee:

EARLY BIRD SIGN UP	\$50/WEEKLY
REGULAR SIGN UP	\$75/WEEKLY
LATE SIGN UP	\$85/WEEKLY

IMPORTANT: We will be closed on Thursday July 4<sup>th</sup> and Friday, July 5<sup>th</sup>! That week is prorated!

	EARLY BIRD SIGN UP	REGULAR SIGN UP	LATE SIGN UP
FULL DAY OPTION:	\$60	\$90	\$102
HALF- DAY OPTION	\$30	\$45	\$51

TOTAL AMOUNT DUE AND DISCLOSED: \$\_\_\_\_\_

☐ Check enclosed, payable to The Grind

Please include driver's license number and camper's name on check.

(There will be a \$25 fee for returned checks.)

☐ Visa      ☐ Mastercard      ☐ Discover      ☐ American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

#### PARTICIPATION AGREEMENT/REFUND POLICY

I approve this registration & certify that the camper is capable of such an experience. I understand that no refund will be issued unless cancellation is made at least four weeks prior to arrival. I understand that no refunds are given if a child leaves early because of homesickness or for disruptive behavior as determined by Program Director.

I understand the related expenses for this medical attention will be (my) the camper's responsibility. The Grind is not responsible for lost, stolen or damaged personal articles. I also authorize The Grind to have and use photographs, slides, or video of the camper named on this registration for promotional purposes and web site session photos. (If you do not wish your child to be photographed/ filmed, please check the box below) I agree to waive any claims against The Grind, its staff, and volunteers for injuries or damages that may result from the conduct of other persons including participants in The Grind programs.

PARENT/GUARDIAN SIGNATURE:

\_\_\_\_\_

DATE: \_\_\_\_\_ ☐ I do not wish my child to be photographed/filmed

#### CANCELLATION AND REFUND REQUESTS:

Cancellation and refund requests must be emailed to [the grindadmin@the grindfs.com](mailto:the grindadmin@the grindfs.com)

- (30) days before the event in order to receive 100% of registration fees.
- (14) days before the event in order to receive 50% of registration fees.