

Girl Power!

Summer Camp for Girls

REGISTRATION

Girl Power! Summer Camp is a complete fitness, nutrition and wellness program for girls age 10-14.

Dates:

June 7 – 11
June 14 – 19
June 21 – 25
July 5 – 10
July 12 – 17

Time:

12pm – 4pm

Location:

Core Fitness
3763 Roswell Road
Atlanta, GA 30342

Price:

\$295



FITNESS

PAYMENT IS DUE AT TIME OF REGISTRATION. **NO REFUNDS.**
PLEASE MAKE CHECKS PAYABLE TO **CORE FITNESS, INC.**

PERSONAL INFORMATION

Camper's Name: _____

DOB: _____ T-shirt Size (youth): _____

Grade (as of 8/10): _____ School: _____

Mother's Name: _____

Mother's Address: _____

Mother's Daytime Phone: _____ Mother's Cell Phone: _____

Mother's Email: _____

Father's Name: _____

Father's Address: _____

Father's Daytime Phone: _____ Father's Cell Phone: _____

Father's Email: _____

If neither parent can be reached in an emergency, please notify:

Name: _____ Phone: _____

Relationship to camper: _____

Name: _____ Phone: _____

Relationship to camper: _____



NUTRITION



WELLNESS

CORE FITNESS

live the life YOU IMAGINE

3763 Roswell Road
Atlanta, GA 30342
(404) 869.7225

www.corefitnessatlanta.com

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CAMP INFORMATION

Select session: June 7 – 11 June 14 – 19 June 21 – 25
 July 5 – 10 July 12 – 17

MEDICAL/INSURANCE INFORMATION

Medical conditions: _____

Allergies: _____

Medications: _____

Additional Information: _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Insurance Company: _____

Name of Policy Holder: _____ ID Number: _____

Policy Number: _____ Group Number: _____

**** ATTACH A COPY OF YOUR INSURANCE CARD (FRONT AND BACK) ****

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PARENT/LEGAL GUARDIAN AUTHORIZATION AND RELEASE

I have voluntarily enrolled my child in the Girl Power! Summer Camp provided by Core Fitness, Inc. I acknowledge that the fitness, nutrition, and wellness activities (collectively "Camp Activities") in which my child will be voluntarily participating may have the potential for injury, including but not limited to minor, severe or permanent injury, falls, cuts, sprains, or broken bones. I fully acknowledge and understand such risks of injury to my child. I hereby certify that my child's physical and emotional condition is appropriate to participate in the Camp Activities, and further certify that I have not been advised against my child's participation in such Camp Activities by a qualified health care professional. In the event I cannot be reached in an emergency, I hereby give permission to Core Fitness to hospitalize and secure proper treatment for my child as named above. I, on behalf of my child, myself, our personal representatives, guardians and heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Core Fitness, its officers, employees, contractors and representatives from any and all claims, actions or losses for bodily injury, wrongful death, property damage, or otherwise which may arise out of or relate to my child's participation in the Girl Power! Summer Camp and the Camp Activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I or my child may have presently or in the future for the negligent acts or other conduct by Core Fitness.

IT IS MY INTENTION TO WAIVE AND RELEASE CORE FITNESS FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, OR PROPERTY DAMAGE CAUSED BY NEGLIGENCE OR ANY OTHER ACT OR OMISSION OF CORE FITNESS, ITS OFFICERS, EMPLOYEES, CONTRACTORS AND REPRESENTATIVES IN CONUNCTION WITH MY CHILD'S PARTICIPATION IN THE GIRL POWER! SUMMER CAMP.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING BELOW, I AGREE TO ITS TERMS.

Parent/Guardian Signature: _____

*Signature must be witnessed by a notary public

State of Georgia
County of _____

Sworn to and subscribed before me this ____ day of _____, 2010.

Notary Public
My commission expires: _____

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