

COUNSELOR-IN-TRAINING *

Registration Form

Kids Camp, Inc. 2010

Please complete one form for EACH Child attending.

* For Children Ages 13 & 14 willing to ASSIST and LEARN at Camp.

CIT Name: Last _____ First _____
 Birth Date _____ Grade completed as of May 2010 _____ Gender: M F
 Billing Address _____
 City _____ State _____ Zip Code _____
 Parent/Guardian Name: _____ Email _____
 Home Phone: _____ Work Phone: _____ Cell Phone _____

Special Skills/Talents: _____

Cit's MUST Attend Training Session in May

2010 Camp Schedule – Check All Weeks to Attend		Week
Week 1	June 1 – June 4	_____
Week 2	June 7 – June 11	_____
Week 3	June 14 – June 18	_____
Week 4	June 21 – June 25	_____
Week 5	June 28 – July 2	_____
Week 6	July 5 – July 9	_____
Week 7	July 12 – July 16	_____
Week 8	July 19 – July 23	_____
Week 9	Jul 26 – July 30	_____
Week 10	August 2 – August 6	_____
Week 11	August 9 – August 13	_____
Week 12	August 16 – August 20	_____
Total Number of Weeks		_____

CIT Payment Worksheet		
The CIT program is reserved for FULL WEEK Enrollments ONLY		
<u>Weekly Camp Fees</u>		
Before 4/1/10	SRFC Member - \$64	Non-Member - \$76
Before 6/1/10	SRFC Member - \$70	Non-Member - \$83
After 6/1/10	SRFC Member - \$76	Non-Member - \$88
Fee per Week		_____
Total Number of Weeks		x _____
<u>No Additional Discounts Apply for CIT Participants</u>		
TOTAL		_____
Deposit Due April 1, 2010 – 50% of Total		_____
Final Balance Due May 15, 2010 – Remainder		_____

Participation Agreement/Parental Consent

I understand that payment of the prescribed Deposit by its due date reserves a spot for my child in Kids' Camp, Inc. and that priority will be given to SRFC members and full summer campers. I further understand that payment of the deposit by the due date determines eligibility for the early registration discount and that all Final Balance Payments must be received by the due date indicated, and that failure to do so may prevent my child from attending camp until final balance is paid in full. CIT participants must attend a training session in prior to camp start. Enrollment is not guaranteed by payment and CIT participants must understand that they are at camp to ASSIST and Learn. A portion of this deposit is non-refundable in the event of cancellation.

I/we, the parents/legal guardian of the above stated, understand the nature of fitness and camp activities of Kids' Camp, Inc. at Springfield Racquet & Fitness Center, and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I/we hereby give my/our approval to participate in any camp activities, including transportation to and from activities, if applicable. I/we hereby waive, release, absolve, indemnify and agree to hold harmless each of the Releases (the Kids' Camp, Inc., Springfield Racquet & Fitness Center its administrators, directors, agents, owners, officers, and employees) from any claim rising out of injury to my/our child, from all liability, claims, demand, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releases or otherwise including negligent rescue operations, and further agree that if, despite this release, I/we the minor's parent/legal guardian, or anyone on the minor's behalf makes a claim against any of the Releases, I will indemnify, save and hold harmless each of the Releases from any litigation expenses, attorney fees, loss liability, damage or cause any may incur as the result of any such claim.

I/we have read, understood and agree with this consent in its entirety, I authorize the use of the above named child's photographic or video image in Kids' Camp materials.

 PARENT/GUARDIAN SIGNATURE Date

A Completed forms with Payment info may be fax's to: 217 787-2131

MAKE CHECKS PAYABLE TO KID'S CAMP, INC.

Method of Payment: VISA MC DISC AMEX
 CHECK CASH

Payment Amount \$ _____

CREDIT CARD NUMBER _____

Expiration Date _____

Print Name: _____

Signature _____