

SCHOOL'S OUT DAY CAMP

2017-2018 Registration Form

**Form must be filled out in its entirety with all signatures.*

PLEASE PRINT

I. Child

Child's Name (First/Middle/Last):	Male/Female	Date of Birth:
Child's Name (First/Middle/Last):	Male/Female	Date of Birth:
Child's Name (First/Middle/Last):	Male/Female	Date of Birth:

II. Parent/Guardian

Guardian #1 Name:	Guardian #1 Cell (____) _____ Work (____) _____
Guardian #2 Name:	Guardian #2 Cell (____) _____ Work (____) _____
Address:	City, State, Zip
E-Mail Address:	Home Phone:

III. Emergency Contact (other than Parent/Guardian)

In case of an emergency and guardians cannot be reached, the following adults should be contacted: (Required to be local ; Parents must list a minimum of two individuals). These individuals will be authorized to pick up unless otherwise indicated.		
Name:		Relationship:
Home Phone:	Cell Phone:	Work Phone:
Name:		Relationship:
Home Phone:	Cell Phone:	Work Phone:

IV. Medical Information

List any physical/psychological disabilities, chronic ailments, special needs, and/or allergies (food) for each child.	
Child #1	
Child #2	
Child #3	
YES NO	Are there any medications that your child(ren) takes on a regular basis? If yes, please list:
Name of Physician:	Phone:
Hospital Preference:	Phone:
Clinic:	Phone:

V. Camp Rates

- Camp hours are from 7:30am-5:30pm.
- Fee: \$42 per day
 - Deposit: \$10.00 non-refundable per day – due at registration
 - Receive 50% off for students enrolled in SOAR afterschool program.
 - Annual registration fee for TNT programs. \$30 per family

VI. Camp Days

Please circle day(s) you would like the above listed children to attend. All camps run from 7:30am up until 5:30pm.

Nov. 10	Nov. 22	Nov. 27	Dec. 26	Dec. 27
Dec. 28	Dec. 29	Feb. 19	March 30	April 2

VII. Child Drop-Off & Pick-Up Policy

It is the policy of TNT, that a child will not be released to any individual who is not named on this registration form as a parent/guardian or indicated as an emergency contact or authorized pick up. Verbal permission by the parent is not permitted. Any changes must be made to the Customer Service Desk in writing by the parent/guardian. A photo ID may be required at time of pickup. Drop-Off may be any time **after 7:30am**. SCHOOL'S OUT DAY CAMP services close at **5:30 PM daily**. **Parents must sign their child(ren) out from TNT at the Customer Service Desk when removing them from TNT.**

VIII. Permission to Use Photograph:

I grant TNT Kid's Fitness & Gymnastics its representatives and employees the right to take photographs of the above identified child(ren). I authorize TNT Kid's Fitness & Gymnastics, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that TNT Kid's Fitness & Gymnastics may use such photographs with or without the name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and agree to give TNT Kid's Fitness & Gymnastics permission to photograph	
Parent Signature:	Date:



SCHOOL'S OUT DAY CAMP Parent Agreement & Consent Form

Please read each section carefully. By signing the bottom you have agreed to the policies and procedures that TNT follows.

Parent Agreement

1. I understand that I may visit my child at TNT at any time.
2. TNT reserves the right to cancel S.O.D.C. based on enrollment. Full credit/refund will be awarded upon request.
3. I understand that corporal punishment and abuse of any kind will not be allowed at TNT.
4. I understand that TNT MUST report any abuse or neglect suspected or observed to the proper authorities.
5. I understand that if my child has any special need, I must schedule a meeting with the Camps Program Lead, prior to attending the camp, to ensure a fun and successful camp.
6. I understand automatic payments will be processed on the 5th and 15th of each month for any S.O.D.C's within that month. (April 2nd S.O.D.C. will be billed March 15th.)
7. I understand I am required to inform TNT of any schedule changes 10 days prior to the camp date. Failure to do so could result in being charged for days in non-attendance.

Parent Consent

1. I give permission for TNT to release medical information in the case of an emergency with my child for emergency medical care if reasonable attempts have been made to contact me.
2. I hereby for myself, my children adopted or otherwise, my heirs and executors, waive and release any and all rights and claims for damages that I may have at any time against TNT Kid's Fitness & Gymnastics, their agents or representatives; for any injury or damages that may be suffered by me, my child adopted or otherwise, in connection with my association of entry in activities involving motion, rotation, and height in a unique environment and as such carries with it the risk of serious injury.
3. I give permission for TNT to transport my child for program related activities. I will be notified in advance where and what time my child will be transported.
4. I give permission for any student to use or publish information on the care or social interactions with any of the children as part of their college course work. All names of children will be kept confidential. I therefore release TNT from any liability for the use and publications of any information by any employee of TNT.
5. I give permission for TNT staff to use antiseptic wipes, antibiotic cream, hydrocortisone cream or first aid in the event my child is injured, as well as bug spray and sun screen (that I need to provide) to prevent injury.
6. I give permission for TNT to show age-appropriate movies that are rated PG or lower.

I have read and agree to the policies and procedures listed above.

Parent Signature:

Date:

FOR OFFICE USE ONLY

FORM OF PAYMENT:

Credit Card- VISA, MC, DSC

Cash, Check # _____

Coupon or Discount Amount:

TOTAL CLASS AND MEMBERSHIP FEE:

\$ _____ Date Paid: ____/____/____

Additional Notes:

eCheck/ACH/Debit or Credit Card
Recurring Payment Authorization Form
(To be filled out annually, before start of each program season)

Date: _____ I, _____ (print name)
authorize TNT Kid's Fitness to charge my financial account listed below, on the 5th or next business day of each month (for School's Out Day Camp participant's monthly fees).

Bank Name: _____

Bank Account Type: Checking Savings Business Checking

Bank ABA Routing Number: _____

Bank Account Number: _____

-----OR-----

Debit or Credit Card (Circle one)

Account Number: _____

Expiration Date: _____ 3 or 4-digit card verification code: _____

Billing Name & Address as appears on statement:

Name: _____

Street Address: _____

City/State/Zip: _____

This payment authorization is valid & will remain in effect unless I, _____ notify TNT Kid's Fitness of its cancellation by sending notice by email businessoffice@tntkidsfitness.org or fax 701-365-8870 or mail 2800 Main Avenue, Fargo ND 58103

Customer Name Printed: _____

Customer Signature: _____ Date: _____

Please fill out & submit (if completing online) or attach a voided check below (if applicable) & scan and email to businessoffice@tntkidsfitness.org or drop off form in person. Services cannot be provided until the completed form is received.

