

Firstin Fitness

Summer Camp 2010

Application

Camper's Name:.....

Date of Birth:.....

Mailing Address:.....

E-Mail Address:.....

Phone Number:.....

Parent(s)/Guardian(s) Name:.....

Daytime Phone number for Parent/Guardian:.....

Sessions Camper wishes to attend:.....

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Has the child ever had formal swimming lessons?.....

If yes, what was highest level child completed?.....

Does the child have any allergies or medical conditions that we need to be aware of?

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If yes, please list:.....

.....

Is your child on medication?.....

If yes, what for and does he/she need to bring to camp?.....

Does the child have any vision or hearing impairments (including eyeglasses, hearing aids)?

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Child's favorite activities?.....

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Has child ever attended this camp before?.....

Does child have an older sibling that has attended this camp?.....

Has child ever attended any other camp before?.....

We offer a 10% discount when payment is made by 5/21/10.

For information on discounted rates for additional children please contact Janice at 223-4686 or email jpello@firstinfitness.com.