

SMART FIT KIDS Day Camp Registration – Non-Essential Personnel Before/After School and Summer Camp

780 Ritchie Highway, STE26-STE28, Severna Park, MD 21146

Tel: 443-597-7173 Email: info@smartfitkidsacademy.com

| Student Name | Male/Female | Date of Birth | Grade |
|---------------------------------|--------------------|---------------|---------|
| Student Name | Male/Female | Date of Birth | Grade |
| Student Name | Male/Female | Date of Birth | Grade |
| Home Address: | | | |
| 1st Parent/Guardian Information | | | |
| Full Name | Relationship Addr | ess: | |
| E-mail | Cell Phone | | |
| Company Name: | Company Phone | Type of Wo | ork |
| 2nd Parent/Guardian Information | | | |
| Full Name | RelationshipAddres | s: | |
| E-mail | Cell Phone | | |
| Company Name: | Company Phone | Туре | of Work |

Day Camp

Please enter the date you requested. Fee is \$50 per day for non-essential personnel from 7:30am to 5:30pm. Essential Personnel is free of charge.

Date/s: _____

Days of Child Care Service Desired (check all that apply): MON ____ TUE ____ WED ____ THU ___ FRI ____

General Information: Cost is \$50 per student per day. Please write a check make payable to Smart Fit Kids or pay online <u>https://smartfitkidsacademy.mypaysimple.com/s/general-payment</u>. Please email the forms to <u>info@smartfitkidsacademy.com</u> and bring the check on the first day of camp.



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Please initial the following:

I agree to have the temperature taken of my child(ren) arriving at the building with a temporal thermometer.

_____I agree to remove my child from care if a fever is identified upon arrival to site.

_____I agree to limit contact by limiting inside access and will drop off and pick up my child at the door.

_____I agree to practice social distancing the best way possible, within the setting.

_____I agree that the facility is charging me \$50 per day per child.

I agree that THE UNDERSIGNED, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the SMART FIT KIDS, its directors, officers, employees, and agents (hereinafter referred to as `releasees') from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in the program affiliated with the SMART FIT KIDS.

_____ I agree that THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the SMART FIT KIDS premises or in any way observing or using any facilities or equipment of the SMART FIT KIDS or participating in any program affiliated with the SMART FIT KIDS whether caused by the negligence of the releasees or otherwise.

I agree that THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releasee or otherwise while in, about or upon the premises of the SMART FIT KIDS and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the SMART FIT KIDS."

| Parent/Guardian Print Name: | Relationshir |): |
|-----------------------------|--------------|----|
| | | |

Signature: _____

Date: