



Wellness & Fitness Center  
Peninsula

Dear Parent(s):

Welcome to the RWFC Fit Camp. In order to better prepare you and your child/ren , we ask that you take some time to go over the following material enclosed in this packet.

The following forms must be turned in at the time of registration, or we will not accept your registration:

- PHYSICAL EXAMINATION FORMS
- IMMUNIZATIONS that are up to date
- A copy of a BIRTH CERTIFICATE

A registration form will not be accepted if there are any lines left blank. If something does not apply, please, write N/A.

Included in this packet, is a Weeks Attending Form, please, fill out the weeks your child will be attending. If you need to add a week or cancel a week, proper notification to the Fit Camp staff must be made 2 weeks prior. If your child is signed up for a week, and does not attend without notification, you will be charged for the whole week.

Please, feel free to call at 875-7525 if you have any questions concerning the camp or the materials enclosed. Thank you for selecting Riverside Wellness and Fitness Center!

Sincerely,  
Fit Camp Staff

Caitlin Wilcox  
Youth Programs Manager  
Caitlin.Wilcox@rivhs.com

# Fit Camp

## What to bring to camp:

- Tennis Shoes (Open toed shoes are not allowed)
  - Bathing Suit
  - Towel
- Lunch (name must be on lunch box)
  - Two snacks
  - Water bottle (must be labeled)
  - Sunscreen (must be labeled)
- Medications (with proper documentation)

# SUMMER CAMP APPLICATION FOR ENROLLMENT

Please, fill out every line. No lines should be left blank.

FIRST DAY OF ENROLLMENT

CHILD'S NAME



 /  / 

FIRST

MIDDLE

LAST

MONTH DAY YEAR

NAME YOU PREFER YOUR CHILD TO BE CALLED:

CHILD'S ADDRESS





STREET

CITY

STATE

ZIP

MALE

FEMALE

CHILD'S DATE OF BIRTH

 /  / 

PREVIOUS CHILD DAY CARE PROGRAMS AND SCHOOLS ATTENDED: \_\_\_\_\_

CURRENT GRADE LEVEL \_\_\_\_\_

Please, fill in the necessary information for each parent, as it is a requirement of the licensing standards of the state of Virginia. Do not leave any spaces blank. If it does not apply, write N/A.

 MOTHER/  
 GUARDIAN




FIRST

MIDDLE

LAST

ADDRESS \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH

CELL (\_\_\_\_) \_\_\_\_\_

 /  / 

EMPLOYED BY: \_\_\_\_\_

OFFICE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MONTH DAY YEAR

WORK ADDRESS: \_\_\_\_\_

WORK HOURS \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

 FATHER/  
 GUARDIAN




FIRST

MIDDLE

LAST

ADDRESS \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH

CELL (\_\_\_\_) \_\_\_\_\_

 /  / 

EMPLOYED BY: \_\_\_\_\_

OFFICE (\_\_\_\_) \_\_\_\_\_

MONTH DAY YEAR

CELL (\_\_\_\_) \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK HOURS \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please, indicate the priority in which we should call, in the case of an emergency. \_\_\_\_\_

**EMERGENCY INFORMATION:**

Emergency contacts other than parent or doctor (legal authorities will be contacted for children left at the Center one hour after closing time of Fit Camp.) **You must list 2 contacts, with local addresses. Do not leave any line blank.**

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Consideration is given to the individual needs of every child and the ability of the program to meet those needs. Please, inform the staff before camp begins, if your child requires any special accommodations. This information enables the staff to better meet the needs of your child, within available resources and to the reasonable extent.**

My child has the following allergies and/or intolerances, and action to be taken in case of emergency:

\_\_\_\_\_  
\_\_\_\_\_

Chronic physical problems, pertinent developmental information and special accommodations needed:

\_\_\_\_\_  
\_\_\_\_\_

Please, list any important information about your child that would best help our staff on a typical day. For example, what helps when your child is angry or upset. The more information you can provide for us, the better resources we have to meets the needs of your child:

\_\_\_\_\_  
\_\_\_\_\_

Pediatrician/Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**Name (s) of person (s) authorized to pick up child:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

**Name (s) of person (s) NOT authorized to pick up child (MUST HAVE LEGAL DOCUMENTATION):**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**AGREEMENTS—Must Initial**

- \_\_\_\_\_ 1. The Fit Camp/Wellness Center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
- \_\_\_\_\_ 2. The parent/guardian will inform Fit Camp within 24 hours if the child or any member of the household has developed a communicable disease. Any life threatening disease must be reported immediately.
- \_\_\_\_\_ 3. The parent/guardian authorizes the Fit Camp/ Wellness Center to obtain immediate medical care if any emergency occurs while the child is in our care.\*
- \_\_\_\_\_ 4. Camp fees may be paid at the Members Services Desk (s) at any time during facility hours. Payments are due the Friday before the week attending. Or complete the Child Care Payment form, and payment will be taken out on Friday at 12pm. Child may not attend if payment has not been made if Child Care Payment Form is not on file.
- \_\_\_\_\_ 5. I agree to pay an UNAUTHORIZED LATE PICK-UP FEE, per child each 15 minute period (\$20),or subsequent portion therefore the child(ren) is left in the center after the time of close.
- \_\_\_\_\_ 6. This parent agreement is subject to change in whole or in part by Riverside Wellness and Fitness Center upon two weeks notice
- \_\_\_\_\_ 7. I understand that there must be an Authorization to Administer Medication, signed & on file for the staff to administer medication to the child. Medication must be labeled with child's name for it to be administered as well.
- \_\_\_\_\_ 8. The child is subject to termination from Fit Camp after 3 violations of our behavior policy. Fighting, hitting, or bullying may lead to immediate termination. A conference with our director will be established after the second violation.

**SIGNATURES**

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator of Camp

\_\_\_\_\_  
Date

Year Child Attended Camp: \_\_\_\_\_

\* If there is an objection to seeking medical care, a statement should be obtained from the parent/guardian that states their objection and the reason for their objection.

**Additional Medical Information**

We collected medical information about your child, \_\_\_\_\_ at the beginning of the activity year. Please give full details of any new or changing conditions (medical, physical or management) which may affect your child's full participation in the activity described in the form.

**Activity Risks & Insurance**

If your child, \_\_\_\_\_ is injured as a result of an accident or incident, you understand and agree that all costs associated with the injury, including medical costs are the responsibility of the parent and /or legally authorized representative.

Parent /Legal Guardian Name: \_\_\_\_\_ (Please Print)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE ONLY  
IDENTITY VERIFICATION**

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e. after school program) or the center transfers responsibility of the child directly to the school (i.e. before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
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Other Form of Proof
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# Swimming Ability

In order to ensure complete safety while your child/ren are at RWFC Fit Camp we would like to know your thoughts on your child/ren's swimming ability. Do you think that they are advanced enough to swim on their own (with supervision of course)? Do they feel comfortable in the water? Do you they need assistance from floatation type devices such as water wings? Do they need someone with them? Please include anything that you would like us to know. For your child's safety, it is important for us to find out the level that your child may be at currently or any skills they may already possess. If you do not want your child to use the pool please mark that below also.

Thank You.

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**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**



**GENERAL PHOTO RELEASE**  
**(Please complete one form for each person)**

**Adult 18 and over**

I hereby give Riverside Health System, and/or \_\_\_\_\_, its agents, and/or assignees permission to use the photograph(s)/film taken of me in any manner it deems proper. I relinquish all rights, title, and interest I may have in the finished pictures, negatives, and copies for this purpose. I waive the right of prior approval and hereby release Riverside Health System from any and all claims for damages of any and all kinds based on this use of said material. I am of legal age and freely sign this release, which I have read and understand.

\_\_\_\_\_  
(Signature)

**Under 18**

I hereby give Riverside Health System, and/or \_\_\_\_\_, its agents, and/or assignees permission to use the photograph(s)/film taken of the minor named below for the purpose of \_\_\_\_\_. I relinquish all rights, title, and interest I may have in the finished pictures, negatives, and copies for this purpose. I waive the right of prior approval and hereby release Riverside Health System from any and all claims for damages of any and all kinds based on this use of said material. I am of legal age and have the right to contract for this minor, and freely sign this release, which I have read and understand.

\* \_\_\_\_\_  
(Signature of parent or guardian)

\* \_\_\_\_\_  
(Name of minor)

Please complete the following for all patients:

~~\_\_\_\_\_~~  
(Print Patients Name) (Date of Birth)

~~\_\_\_\_\_~~  
(Address)

~~\_\_\_\_\_~~  
(Room # if applicable) (Riverside Facility)

~~\_\_\_\_\_~~  
(Witness)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Photographer)

## Riverside Wellness & Fitness Centers Fit Camp Payment Authorization Form

Thank you for choosing the Riverside Wellness & Fitness Center for your child's Childcare services.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Below are two options to choose from regarding payment for your Childcare services. Please note a few important pieces of information:

**Option 1** – Payment is due the Friday before your child attends camp by paying cash, check, or credit card at the Front Desk.

**Option 2** – Fill out the Payment Authorization Form and payment will be taken out on the Friday of the week your child attends camp.

1. All parents who opt to have their payments deducted to the card provided will be charged each Friday before COB.
2. If your payment is not made on Friday, you will be unable to bring your children back for Childcare services until your balance is paid in full.
3. If you have any questions or concerns regarding your payment, contact Caitlin Wilcox at: [Caitlin.Wilcox@rivhs.com](mailto:Caitlin.Wilcox@rivhs.com)

I would like to pay for Fit Camp services by:

Option 1    Option 2

I hereby authorize the Riverside Wellness & Fitness Center to deduct my weekly Fit Camp dues each Friday before 12:00 pm using the following information:

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Visa    Mastercard    Discover    American Express

\_\_\_\_\_  
Name (please print)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature





# RIVERSIDE

Wellness and Fitness Center  
Peninsula

Weekly sessions · June 17th —August 9th

## Ages 3-5 “Lucky Charms”

- Complete separate forms for each child. Pre-registration required.
- Check the desired camp weeks in the bottom section of the form.
- PAYMENT for each week is DUE IN FULL on FRIDAY or return completed payment form and payment will be taken out on Friday at 12pm.

Participant’s Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_

Fit Camp: RWFC Members and RHS Employees - \$125.00 · Nonmembers - \$175.00

Part Time: -\$95.00/ \$135.00 (3 days rate)

**Registration Fee due at time of Enrollment—\$35/per child**

\$5 off for the 2nd child. (Week rate only)

Dates	Weeks Attending ( Please check)	Total Due	Date Paid
Registration Fee		\$35	
June 17th —June 21st			
June 24th—June 28th			
July 1st—July 3rd (No Camp July 4th & 5th)			
July 8th—July 12th			
July 15th—July 19th			
July 22nd—July 26th			
July 29th—August 2nd			
August 5th—August 9th			
**Tentatively** August 12th—August 16th			



Wellness and Fitness Center  
Peninsula

Weekly sessions · June 17th —August 9th

Ages 6—8  
“Ty-Dukes”

- Complete separate forms for each child. Pre-registration required.
- Check the desired camp weeks in the bottom section of the form.
- PAYMENT for each week is DUE IN FULL on FRIDAY or return completed payment form and payment will be taken out on Friday at 12pm.

Participant’s Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_ / \_\_\_ / \_\_\_ Sex: \_\_\_\_\_

Fit Camp: RWFC Members and RHS Employees - \$125.00 · Nonmembers - \$175.00  
Part Time: -\$95.00/ \$135.00 (3 days rate)  
**Registration Fee due at time of Enrollment—\$35/per child**  
\$5 off for the 2nd child. (Week rate only)

Dates	Weeks Attending ( Please check)	Total Due	Date Paid
Registration Fee		\$35	
June 17th —June 21st			
June 24th—June 28th			
July 1st—July 3rd (No Camp July 4th & 5th)			
July 8th—July 12th			
July 15th—July 19th			
July 22nd—July 26th			
July 29th—August 2nd			
August 5th—August 9th			
**Tentatively** August 12th—August 16th			



# RIVERSIDE

Wellness and Fitness Center  
Peninsula

Weekly sessions · June 17th —August 9th

Ages 9—12  
“ThunderDucks”

- Complete separate forms for each child. Pre-registration required.
- Check the desired camp weeks in the bottom section of the form.
- PAYMENT for each week is DUE IN FULL on FRIDAY or return completed payment form and payment will be taken out on Friday at 12pm.

Participant’s Name: \_\_\_\_\_ Age: \_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_

Fit Camp: RWFC Members and RHS Employees - \$125.00 · Nonmembers - \$175.00  
 Part Time: -\$95.00/ \$135.00 (3 days rate)  
**Registration Fee due at time of Enrollment—\$35/per child**  
 \$5 off for the 2nd child. (Week rate only)

Dates	Weeks Attending ( Please check)	Total Due	Date Paid
Registration Fee		\$35	
June 17th —June 21st			
June 24th—June 28th			
July 1st—July 3rd (No Camp July 4th & 5th)			
July 8th—July 12th			
July 15th—July 19th			
July 22nd—July 26th			
July 29th—August 2nd			
August 5th—August 9th			
**Tentatively** August 12th—August 16th			