



**CJ Fitness Camp
2013 REGISTRATION FORM**

Please print clearly.

PARTICIPANT: LAST NAME: _____ **FIRST NAME:** _____

BIRTH DATE: ____/____/____ **Male** **Female**
Mth Day Yr

MEDICARE CARD #: _____ **Exp. Date:** _____

ADDRESS: _____ **City:** _____ **Prov:** ____ **Postal Code:** _____

TEL: Home: (____) _____

HEALTH AND MEDICAL QUESTIONNAIRE:

1. Please list any allergies or other health and learning conditions: _____

2. Please list any medications your child will be taking while at camp: _____

3. Contact Information

NAME: _____ **EMERGENCY #: (____)** _____

NAME: _____ **EMERGENCY #: (____)** _____

REGISTRATION: The deadline to register for CJ Fitness Camp is June 15th, 2013. There is a discount on the camp cost for early registration; your child must be registered on or before May 31st, 2013. The early registration prices are 150.00\$ instead of 160.00\$ and 175.00\$ instead of 185.00\$. There is no discount applicable to the cost of the daycare service.

REFUND POLICY: Full refund minus \$40 administration on or before June 15th, there will be no refunds after June 15th, 2013.

BEHAVIORAL POLICY: CJ Fitness camp promotes a friendly and cooperative atmosphere. There is a zero tolerance rule regarding bullying.

PHOTOGRAPHY AND VIDEO RECORDING: I hereby allow my child to be photographed as well as videotaped for camp promotional use only

LIABILITY WAIVER: I, the undersigned, hereby acknowledge my child's voluntary participation in *CJ Fitness Camp*. I accept that my child's participation in camp activities and events is made while full aware of the possible risks involved. *CJ Fitness Camp*, it's staff, and administration are not responsible for any and all claims of injury to an individual as well as loss or damage to personal property.

SIGNATURE: _____

Date: _____



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CONTINUED

If you would like to receive a tax receipt for your income taxes, please fill in your name and SSN #.

MOTHER/FATHER'S NAME: _____ SSN # (FOR TAX RECEIPT): _____

METHOD OF PAYMENT: Cash Check

Make checks payable and mail to (including the Registration form in the letter):

Ludachris Fitness
 4000 Louisbourg
 Montreal, Quebec
 H4J 1K5

**** YOU CAN SELECT MULTIPLE OR ALL WEEKS.**

Registration Week (Insert Check Mark)	Cost	Daycare Service
Week 1: June 25 th – June 28 th 2013	160.00\$ <input type="checkbox"/>	40.00\$ <input type="checkbox"/>
Week 2: July 2 nd – July 5 th 2013	160.00\$ <input type="checkbox"/>	40.00\$ <input type="checkbox"/>
Week 3: July 8 th – July 12 th 2013	185.00\$ <input type="checkbox"/>	50.00\$ <input type="checkbox"/>
Week 4: July 15 th – 19 th 2013	185.00\$ <input type="checkbox"/>	50.00\$ <input type="checkbox"/>
Week 5: July 22 nd – 26 th 2013	185.00\$ <input type="checkbox"/>	50.00\$ <input type="checkbox"/>
Week 6: July 29 th – August 2 nd 2013	185.00\$ <input type="checkbox"/>	50.00\$ <input type="checkbox"/>
Week 7: August 5 th – August 9 th 2013	185.00\$ <input type="checkbox"/>	50.00\$ <input type="checkbox"/>

CAMP D'ÉTÉ
C J FITNESS
SUMMER CAMP