

LUDACHRIS FITNESS SUMMER CAMP
2014 REGISTRATION FORM

Please Print Clearly

Participant: Last Name: _____ First Name: _____

Birth Date: ____/____/____ Male Female Medicare Card #: _____ Exp. Date: ____/____

Home Address: _____ Apt #: _____ City: _____ Postal Code: _____

Contact Information:

Mother's Name: _____ Emergency #: (____) ____ - ____ Email: _____

Father's Name: _____ Emergency #: (____) ____ - ____ Email: _____

Participant's 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: _____

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

BEHAVIORAL POLICY: Ludachris Fitness Summer Camp promotes a friendly and cooperative atmosphere. There is a zero tolerance rule regarding bullying. **ANY OFFENSE WILL BE PENALIZED WITH A DISMISSAL FROM THE CAMP WITHOUT REFUND.**

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 *Ludachris Fitness Summer Camp*. I accept that my child's participation in camp activities and events is made while conscious of the possible risks involved. In addition, I am fully aware that my child will consume food provided by the camp and its staff, I have advised *Ludachris Fitness Summer Camp* of any risks and/or allergies pertaining to my child. *Ludachris Fitness Summer Camp*, its staff, and administration are not responsible for any and all claims of injury, allergy and/or food poisoning to an individual as well as loss or damage to personal property

Parent Signature: _____

Date: _____

LUDACHRIS FITNESS SUMMER CAMP
2014 REGISTRATION FORM CONT'D

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

Ludachris Fitness
 4000 Louisbourg
 Montreal, Quebec
 H4J 1K5

Method of Payment Accepted: Cash Check

****You can select one, multiple, or all weeks.**

	<u>Per Camper</u>	<u>Weekly Cost</u>
1 week	\$180	\$180
2 weeks	\$350	\$175
3 weeks	\$510	\$170
4 weeks	\$640	\$160
5 weeks	\$750	\$150
6 weeks	\$810	\$135
7 weeks	\$840	\$120

<u>Registration Week</u>	<u>Select the</u>
	<u>Week(s)</u>
Week #1: June 23rd to June 27th	
Week #2: June 30th to July 4th	
Week #3: July 7th to July 11th	
Week #4: July 14th to July 18th	
Week #5: July 21st to July 25th	
Week #6: July 28th to August 1st	
Week #7: August 4th to August 8th	

*Please note that the camp is closed on June 24th and July 1st

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

Mother or Father Name: _____ SSN # (For Tax Receipt): _____

