



Test Your Metal Fitness & Performance Summer Camp Registration 2021

Camper Name: _____ Age as of 6/1/21: _____

Parent's Name: _____

Address: _____ Birthday: ____/____/____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name #1: _____

Relationship: _____

Phone Number (Cell): _____ (Work) _____

Emergency Contact Name #2: _____

Relationship: _____

Phone Number (Cell): _____ (Work) _____

AUTHORIZATION FOR DROP-OFF AND PICK-UP

*Below names and contacts are given permission to drop off or pick up the camper above from Test Your Metal Fitness & Performance Summer Camp. Your child will not be released if the person who is picking up the camper is not listed below. ID will be required on arrival.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____



Test Your Metal Fitness & Performance Summer Camp Registration 2021

MEDICAL INFORMATION (please check)

Is your camper allergic to bee stings? YES NO

If yes, please explain: _____

Is your camper allergic to any Medication? YES NO

If yes, please explain: _____

Is your camper allergic to any food? YES NO

If yes, please explain: _____

Will your camper need individual medical attention during camp? YES NO

If yes, please explain: _____

Any additional information you think Test Your Metal Staff should know?

I hereby give permission for my child to participate in the TYM Summer Camp provided by Test Your Metal Fitness and Performance, along with any/all activities associated with this week. I agree that my child is participating at his/her own risk, releasing Test Your Metal Fitness and Performance, its trustees, employees, volunteers and agents, both now and in the future, from any accident, injury, illness or death which may occur as part of the program. In the event that my child is injured and requires emergency medical or dental treatment by a licensed practitioner, I hereby give my consent for the emergency transfer of my child to a hospital, and permission to the physician to secure proper treatment for and to order injection, anesthesia, x-rays, routine tests, treatment, transporting of child, surgery and to release reports necessary for insurance purposes for my son/daughter and that I will assume all financial responsibilities. It is understood that every effort will be made to contact me. I further understand that if my child is responsible for any damage done to any property, we as parents/guardians will be held responsible for my child's actions.

THIS PERMISSION SLIP MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN OVER THE AGE OF 21.

Signature and Relationship to Camper: _____

Insurance Carrier: _____ Phone Number: _____

Insurance Number: _____



Test Your Metal Fitness & Performance Summer Camp Registration 2021

CAMPER REGISTRATION

Below, please check the weeks and times that you would like to register your camper. All Day campers will be responsible for bringing their own lunches everyday. All day and Half Day campers will be allowed to bring their own snacks. You must pay and sign up for the whole week, there are no prorated costs.

Availability is limited for each week, so make sure to sign up for desired weeks as soon as possible. If you would like to add additional weeks in the future, please contact us at camp@testyourmetal.com and we can notify you if there is availability.

You will have three options:

- All Day Camp (9am to 4pm) \$225 per week.
- Morning Half Day Camp (9am to 12pm) \$150 per week.
- Afternoon Half Day Camp (1am to 4pm) \$150 per week.

*A \$25 deposit is due when registration is submitted to secure your campers spot. Final payment for each week is due 1 week prior to the start of the camp.

Week 1: June 14th to June 18th	<input type="checkbox"/> All Day	<input type="checkbox"/> Morning Camp	<input type="checkbox"/> Afternoon Camp
Week 2: June 21st to June 25th	<input type="checkbox"/> All Day	<input type="checkbox"/> Morning Camp	<input type="checkbox"/> Afternoon Camp
Week 3: June 28th to July 2nd	<input type="checkbox"/> All Day	<input type="checkbox"/> Morning Camp	<input type="checkbox"/> Afternoon Camp
Week 4: July 5th to July 9th	<input type="checkbox"/> All Day	<input type="checkbox"/> Morning Camp	<input type="checkbox"/> Afternoon Camp
Week 5: July 12th to July 16th	<input type="checkbox"/> All Day	<input type="checkbox"/> Morning Camp	<input type="checkbox"/> Afternoon Camp
Week 6: July 19th to July 23rd	<input type="checkbox"/> All Day	<input type="checkbox"/> Morning Camp	<input type="checkbox"/> Afternoon Camp
Week 7: July 26th to July 30th	<input type="checkbox"/> All Day	<input type="checkbox"/> Morning Camp	<input type="checkbox"/> Afternoon Camp
Week 8: August 2nd to August 6th	<input type="checkbox"/> All Day	<input type="checkbox"/> Morning Camp	<input type="checkbox"/> Afternoon Camp
Week 9: August 9th to August 13th	<input type="checkbox"/> All Day	<input type="checkbox"/> Morning Camp	<input type="checkbox"/> Afternoon Camp
Week 10: August 16th to August 20th	<input type="checkbox"/> All Day	<input type="checkbox"/> Morning Camp	<input type="checkbox"/> Afternoon Camp
Week 11: August 23rd to August 27th	<input type="checkbox"/> All Day	<input type="checkbox"/> Morning Camp	<input type="checkbox"/> Afternoon Camp



Test Your Metal Fitness & Performance Summer Camp Registration 2021

TRANSPORTATION SERVICES WAIVER Please read this form carefully and be aware that in consideration for TYM Summer Camp providing transportation services for the day camp, you will be assuming the risk and legal liability, waiving and releasing all claims for injuries, damages, or loss which your minor child/ward might sustain as a result of said services, including but not limited to, vehicle operations, boarding & exiting the vehicle. TYM Summer Camp will be utilizing an independent transportation company to transport children to the off-site field trips when applicable. I recognize and acknowledge that TYM Summer Camp is neither a common carrier nor in the business of providing transportation services to the public. I further recognize & acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily agree to assume the full risk of any injuries, damage/ loss, regardless of severity that my minor child may sustain as result of participating in any and all activities connected with or associated with receiving transportation services, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle. I further agree to waive and relinquish all claims my minor child/ward may have against TYM Summer Camp, including its respective officials, agents, volunteers and employees (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or loss that my minor child may have or which accrue to my minor child and arising out of, connected with, or in any way associated with said transportation services. I further agree that this agreement shall be governed by the laws of the state of Pennsylvania.

I have read and fully understand the above waiver and release of all claims. _____

PERMISSION TO APPLY SUNSCREEN WAIVER We request that sunscreen be applied to your child prior to attending camp for the day. Your child's day camp counselor will assist with applying sunscreen to bare surfaces including the face, top of ears, bare shoulders, legs and arms. Sunscreen will not be applied to broken skin. Any skin reaction observed by staff will be reported to the parent/guardian. It is the parent's responsibility to provide sunscreen. Camp counselors are prohibited to apply sunscreen to your child if the sunscreen does not belong to them.

Please check here if you ALLOW _____ the camp staff to assist your child in applying sunscreen. Please check here if you DO NOT _____ want the camp staff to assist your child in applying sunscreen.

RELEASE OF LIABILITY & PERMISSION TO SECURE TREATMENT I recognize and acknowledge that there are certain risks of injury to participants in TYM Summer Camp and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I or my minor child/ward may have against TYM Summer Camp, the Township of Forks, and its officers, agents, volunteers, and employees as a result of participation in this program. In the event of any emergency, I authorize TYM Summer Camp to secure from any licensed hospital; physician and/or medical personnel any treatment deemed necessary for my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above waiver and release of all claims. _____

PHOTOGRAPHY & VIDEO RELEASE

I give permission for my child to be used in advertisements or promotional content for TYM Summer Camp. _____

I DO NOT give permission for my child to be used in advertisements or promotional content for TYM Summer Camp _____

PG and PG-13 MOVIE RELEASE

I give permission for my child to watch PG and PG-13 rated movies during TYM Summer Camp when they may be played. _____

I DO NOT give permission for my child to watch PG and PG-13 movies at any time during TYM Summer Camp activities. _____

I have fully read and acknowledged everything above and checked my choices in regards to each waiver.

Printed Name of Parent/Guardian: _____ Date: _____