

2018 Youth Summer Camp

One Week Sessions (Ages 5-12)

Circle all that apply:

Circle One: Full Day or Half Day: AM PM

Full Day 9 am — 4 pm

June 11-15 | June 18-22 | June 25-29

July 9-13 | July 16-20 | July 23-27

Members—\$225/week - \$47 daily

Non-Members—\$280/week - \$58 daily

Extended Care:

Half Day 9 am — noon **OR** 1 pm — 4 pm

\$10/day for before or after; \$20/day for both
7:30 am—9:00 am and /or 4:00 pm—5:30 pm

Members—\$115/week - \$25 daily

Non-Members—\$140/week - \$30 daily

Kids will need to bring a sack lunch (No nuts)

Youth Program Registration—Craig Ranch Fitness

7910 Collin McKinney Pkwy, McKinney, TX 75070

CHILD'S NAME			AGE	SEX	BIRTHDAY
ADDRESS				TODAYS DATE	
CITY			STATE	ZIP CODE	
PARENT/GUARDIAN					
HOME PHONE		ALTERNATE PHONE		EMAIL (FOR REGISTRATION CONFIRMATION)	
PLEASE LIST ANY INFORMATION YOU FEEL WE SHOULD KNOW TO BETTER CARE FOR YOUR CHILD (ALLERGIES, MEDICATIONS, ETC)					
EMERGENCY CONTACT NAME			EMERGENCY PHONE		
PAYMENT INFORMATION Payment is due at the time of registration. Contact us at 214-383-1030 with any questions.					
MEMBER YES <input type="checkbox"/> NO <input type="checkbox"/> NON-MEMBER YES <input type="checkbox"/> NO <input type="checkbox"/>					
PLEASE CIRCLE ONE CASH CHECK CREDIT CARD			NAME ON CREDIT CARD		
CREDIT CARD TYPE		CARD #			EXPIRATION DATE
BILLING ADDRESS: STREET			CITY	STATE	ZIP CODE

SIGNATURE REQUIRED ON BACK →

WAIVER OF RESPONSIBILITY AND PHOTO RELEASE — MEDICAL TREATMENT AUTHORIZATION

WAIVER OF RESPONSIBILITY AND PHOTO RELEASE

In consideration of the acceptance of my child(ren)'s participation in the Craig Ranch Fitness Center summer camps, I, the undersigned parent (or legal guardian), hereby agree and acknowledge the existence of certain risks inherent in the camp activities which take place on the Craig Ranch Fitness campus, and hereby agree to assume the full risk and responsibility for any injury my child(ren) may sustain in the course of their use of Craig Ranch Fitness facilities and/or equipment. Specifically, the undersigned accepts full responsibility for, and hereby waives any claim he/she may have against Craig Ranch Fitness and any other entities or persons that have an interest, directly or indirectly, as tenant or landlord, in the Campus or any part thereof, for any injury to any participant or property arising from or related to any camp activity. In addition, the undersigned hereby accepts full responsibility for, and hereby waives any claim he/she may have against Craig Ranch Fitness for any injury to camp participants or property arising from their use of Craig Ranch Fitness facilities in general, including but not limited to sprains, abrasions, contusions, broken bones, insect bites, or from any other hazard on the grounds.

In addition, Craig Ranch Fitness reserves the right to dismiss any child from the program who causes disruption to the camp program. Craig Ranch Fitness shall not be responsible or liable to members or guests for articles damaged, lost, or stolen in or about Craig Ranch Fitness or for loss or damage to any property, including but not limited to electronics, automobiles and the contents thereof.

Having read the preceding, the undersigned, for himself/herself and on behalf of his/her executors, administrators, heirs, assigns, and successors, acknowledge his/her understanding of those risks forth herein, knowingly agrees to accept full responsibility for his/her own exposure to such risk and does hereby expressly forever release and discharge Craig Ranch Fitness, its owner, officers, employees, agents, or assigns of causes of action. In addition, the undersigned hereby agrees to indemnify Craig Ranch Fitness, its owner, officers, employees, agents, and successors for any and all costs, liabilities, and losses arising from the undersigned's or his/her guest's injury at CRF.

In addition, I hereby authorize the use of photography which may include pictures of my child(ren) to be used in current and future publicity for Craig Ranch Fitness

Parent/Guardian Signature

Date

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that Craig Ranch Fitness will attempt to notify me in case of a medical emergency involving my child. If the Craig Ranch Fitness staff cannot reach me, I authorize the staff to contact a doctor or health care professional, and I give my permission to the doctor or health care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

Parent/Guardian Signature

Date
