

**APPLICATION FORM**

(Child must be between the ages of 8-12 and above 85% in BMI.)

**CHILD INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: (M / F)

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-shirt size: Youth: \_\_\_\_Large Adult: \_\_\_\_Small \_\_\_\_Medium \_\_\_\_Large \_\_\_\_X-Large

What school does your child attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child qualify for the free or reduced lunch program (Y / N)

Is your child currently affiliated with a weight loss program? (Y / N) If yes, which one:

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

Please list any physical problems or allergies of which we must be aware (detailed medical form to follow):

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

**PARENT /GUARDIAN INFORMATION**

Father's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Emergency Contact Information: Different than parent/guardian listed above.

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OPERATING HOURS**

Forever-Fit Summer Camp dates are June 11 through July 19 (no camp on July 4th). 2018

Camp hours will run from 8:30 am to 4:30 pm\* Monday through Wednesday and Friday**. Camp hours for Thursday are from 8:30 a.m. – 7:00 pm with expected parent/family participation between 5:30 -7:00 pm.\*** (Drop off hours start at 7:30 am and pick up ends at 5:30 pm.)

**FIELD TRIPS / ACTIVITIES**

My child has permission to participate in any and all field trips and activities. I understand that I assume full responsibility for my children. In event of any injury, I give permission American Foundation for Preventative Medicine (AFPM) to seek proper medical attention at the nearest medical facility. I release any liability to AFPM. I understand I will be notified accordingly.

Name of Physician / Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DRESS CODE / UNIFORM**

Children will be participating in physical activities and must wear modest apparel. Children are not to wear short-shorts, skirts, muscle shirts, or spaghetti straps. All bathing suits must be one piece.

**DEPOSIT**

A deposit of $50.00 is required with each application. The deposit will be applied to the last week of camp’s tuition. Deposits are non-refundable, non-transferable. No fee refunds are made for children sent home for disciplinary reasons. A $20 service fee will be charged for any returned checks.

**PAYMENT**

Payment for all six weeks can be paid in full June 11, 2018. If you wish to pay for camp on a WEEK TO WEEK basis, you must provide: a CREDIT / DEBIT CARD OR PERSONAL CHECKS FOR AUTOMATIC PAYMENT (The bookkeeping office will AUTOMATICALLY BILL that account EVERY THURSDAY, so that your child can attend Camp on THE FOLLOWING MONDAY).

I wish to apply for potential scholarship funds for my family (y / N ) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Make all checks payable to: AFPM**

**Mail to:** Forever-Fi Elizabeth A. Ryan at American Foundation For Preventative Medicine,

1100 Waterway Blvd., Indianapolis, IN 46202

**Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Return to:**

Amanda McDowell, Children’s Better Health Institute,

1100 Waterway Blvd., Indianapolis, IN 46202

Phone: 317.634.1100 Fax: 317.570.6402 Email: a.mcdowell@cbhi.org