



American
Foundation
for
Preventative
Medicine

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 (medical form to follow):

Name of Physician / Provider _____ Phone#: _____

PARENT /GUARDIAN INFORMATION

Father's Name: _____ Work # _____ Cell # _____

Mother's Name: _____ Work # _____ Cell # _____

Guardian Name: _____ Work # _____ Cell # _____

Email Address for camp communication:

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

Emergency Contact: _____ Work # _____ Cell # _____

OPERATING HOURS

Forever-Fit Summer Camp dates are June 17th through July 25th (no camp on July 4th). 2019 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.)
Forever Fit Camp is located at the Fitness Farm: 2525 West 44th Street, Indianapolis IN, 46228

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.

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 17th, 2019. 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-Fit Elizabeth A. Ryan at American Foundation For Preventative Medicine,
3520 Guion Rd, Indianapolis, IN 46222

Guardian Signature: _____ **Date:** _____

Return form to:

Elizabeth Ryan AFPM – American Foundation for Preventative Medicine
3520 Guion Rd, Indianapolis, IN 46222
Phone: 317.634.1100 Fax: 317.570.6402 Email: e.ryan@cbhi.org