



FRANKLIN ATHLETIC CLUB

Summer Camp Application Form

Is the Child a Member of Franklin Athletic Club: YES NO

Child's Name: _____ Age: _____ Sex: F M Birthday: ___/___/___

Parent's Name: _____

Address: _____ City: _____ Zip: _____

E-Mail Address: _____

Home Number: _____ Cell Number: _____

Work Number: _____ Emergency Number: _____

My child/children may be released to: _____

Camps offered: Pee Wee | Little League | Junior Varsity | Varsity | Jr. Tennis | Aquatics | Scuba Rangers
Basketball | Stay Fit | Pint Sized Playhouse | Kids Empowered | Mess Makers | Parent Tot | On My Own
Story Book Cooks | Safety City | Be Your Own Picasso | Marvelous Math | On the Road to Reading

Name of the Camp:	Date:	Day:	Total Price:
_____	June 13-17:	M T W Th F	Total: _____
_____	June 20-24:	M T W Th F	Total: _____
_____	June 27-July 1:	M T W Th F	Total: _____
_____	July 5-July 8*:	M T W Th F	Total: _____
_____	July 11-July 15:	M T W Th F	Total: _____
_____	July 18-July 22:	M T W Th F	Total: _____
_____	July 25-July 29:	M T W Th F	Total: _____
_____	Aug. 1-Aug. 5:	M T W Th F	Total: _____
_____	Aug. 8-Aug. 12:	M T W Th F	Total: _____
_____	Aug: 15-Aug. 19:	M T W Th F	Total: _____
_____	Aug. 22-Aug. 26:	M T W Th F	Total: _____
_____	Aug. 29-Sept. 1*:	M T W Th F	Total: _____

Registration will be accepted with 50% deposit and a valid credit card number. Returned checks are subject to a \$35.00 returned check fee. All pre-registration and registrations must be paid in full at time of registration or your child will not be able to participate. All payments are non-refundable.

Credit Card Number: _____ Type: _____ Exp: ___/___

Medical Information regarding your child: _____

Allergies: _____

In case of emergency contact: _____

Phone Number: _____



FRANKLIN ATHLETIC CLUB

Waiver of Liability

In consideration of being allowed to participate in any party and/or program at Franklin Athletic Club/Franklin Academy, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

+ I represent that I am the parent or legal guardian of the participant(s) listed below, or I have obtained permission for the parent/legal guardian of the participant(s) listed below to execute this agreement on their behalf.

+ The risk of injury to participant(s) may exist in this program and which particular rules, equipment and personal discipline may reduce the risk, the risk cannot be completely eliminated and injury is possible.

+ I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others and assume full responsibility for my participation.

+ I willingly agree to comply with the stated and customary terms and conditions for participation and if I observe any unusual significant hazard during my presence or participation, I will remove myself and bring such to the attention of the nearest official immediately.

+ I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless the Franklin Athletic Club/Franklin Academy, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premise used to conduct the event ("releasees"), with respect to any and all injury, disability, death, or loss or damage to personal property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted under law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FULLY AND UNDERSTAND ITS TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY UNDUCEMENT.

Participant Name

Participant Name

DOB

DOB

Parent/Guardian Signature

Date