

NO BUMMER SUMMER

2017 Registration Form



**Form must be filled out in its entirety with all signatures.*

PLEASE PRINT

I. Child

#1 Child's Name (First/Middle/Last):	Male/Female	Date of Birth:
#2 Child's Name (First/Middle/Last):	Male/Female	Date of Birth:
#3 Child's Name (First/Middle/Last):	Male/Female	Date of Birth:

II. Parent/Guardian

Guardian #1 Name:	Guardian #1 Cell (____) _____ Work (____) _____
Guardian #2 Name	Guardian #2 Cell (____) _____ Work (____) _____
Address:	City, State, Zip
E-Mail Address:	Home Phone:

III. Emergency Contact (other than Parent/Guardian)

In case of an emergency and guardians cannot be reached, the following adults should be contacted: (Required to be local; Parents must list a minimum of two individuals). These individuals will be authorized to pickup unless otherwise indicated.		
Name:	Relationship:	
Home Phone:	Cell Phone:	Work Phone:
Name:	Relationship:	
Home Phone:	Cell Phone:	Work Phone:

V. Medical Information

List any physical/psychological disabilities, chronic ailments, special needs, and/or allergies (food) for each child:	
Child #1	
Child #2	
Child #3	
YES NO	Are there any medications that your child(ren) takes on a regular basis? If yes, please list child/medication:
Name of Physician:	Phone:
Hospital Preference:	Phone:
Clinic:	Phone:

VI. Summer Tuition Rates

- Each camp runs Monday-Friday from 7:30am-5:30pm.
- Fee: \$210 per week
 - Deposit: \$25.00 non-refundable per week – due at registration & will be applied towards week fee.
 - Annual registration fee. \$30 per family.
- Please circle which No Bummer Summer Camp(s) your child(ren) listed above will be attending.

Week 1 May 30-June 2 (closed 29 th) GYMNASTICS	Week 2 June 5-9 NINJA WARRIOR	Week 3 June 12-16 SPORTS	Week 4 June 19-23 GYMNASTICS
Week 5 June 26-June 30 NINJA WARRIOR	Week 6 July 3-7 (closed 4 th) SPORTS	Week 7 July 10-14 GYMNASTICS	Week 8 July 17-21 NINJA WARRIOR
Week 9 July 24-28 SPORTS	Week 10 July 31-Aug. 4 GYMNASTICS	Week 11 Aug. 7-11 NINJA WARRIOR	Week 12 Aug. 14-18 SPORTS

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VIII. Child Drop-Off & Pick-Up Policy

It is the policy of TNT, that a child will not be released to any individual who is not named on this registration form as a parent/guardian or indicated as an emergency contact or authorized pick up.

Verbal permission by the parent is not permitted. Any changes must be made to the Customer Service Desk in writing by the parent/guardian. Drop-Off may be any time **after 7:30am**. No Bummer Summer camp **closes at 5:30 PM daily**. **A photo ID may be required at time of pickup. A parent/guardian must sign their child out from TNT at the Customer Service Desk when removing them from our camp.**

VIII. Permission to Use Photograph

I grant TNT Kid's Fitness & Gymnastics its representatives and employees the right to take photographs of the above identified child(ren). I authorize TNT Kid's Fitness & Gymnastics, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that TNT Kid's Fitness & Gymnastics may use such photographs with or without the name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and agree to grant TNT Kid's Fitness & Gymnastics the right to use photograph.	
Parent/Guardian Signature:	Date:



NO BUMMER SUMMER Parent Agreement & Consent Form

Please read each section carefully. By signing, you have agreed to the policies and procedures that TNT follows.

Parent Agreement

1. I understand that I may visit my child at TNT at any time.
2. I understand that corporal punishment and abuse of any kind will not be allowed at TNT.
3. I understand that TNT MUST report any abuse or neglect suspected or observed to the proper authorities.
4. I understand that if my child has special needs I must notify the camp program lead prior to attending TNT.
5. I understand automatic payments will be processed 10 days prior to any week in which my child/children will be attending No Bummer Summer (2 Fridays before week of attendance).
6. I understand if I don't have an automatic payment account on file, payment must be received at the customer service desk 10 days prior to the week my child/children will be attending NBS.
7. I understand I am required to inform TNT of any schedule changes 10 days in advance. Failure to do so will result in being charged for weeks even in non-attendance.
8. I understand that my child must meet the requirements of EITHER being 7 years old or 4'9" in order to ride in the vans without a booster seat. If they do not, I must provide TNT with an appropriate booster seat for field trips and other travel purposes. If I fail to do so, my child will not be allowed in the van for any purpose.
9. I understand if I need to drop-off or pick-up my child during a field trip I must do so at the scheduled location.

Parent Consent

1. I give permission for TNT to release medical information in the case of an emergency with my child for emergency medical care if reasonable attempts have been made to contact me.
2. I hereby for myself, my children adopted or otherwise, my heirs and executors, waive and release any and all rights and claims for damages that I may have at any time against TNT Kid's Fitness & Gymnastics, their agents or representatives; for any injury or damages that may be suffered by me, my child adopted or otherwise, in connection with my association of entry in activities involving motion, rotation, and height in a unique environment and as such carries with it the risk of serious injury.
3. I give permission for TNT to transport my child for program related activities. I will be notified in advance where and what time my child will be transported.
4. I give permission for any student to use or publish information on the care or social interactions with any of the children as part of their college course work. All names of children will be kept confidential. I therefore release TNT from any liability for the use and publications of any information by any employee of TNT.
5. I give permission for TNT staff to assist in applying sunscreen and/or insect repellent to my child.
6. I give permission for TNT staff to use first aid in the event my child is injured.
7. I give permission for TNT to show age-appropriate movies that are rated PG or lower.

I have read and agree to the policies and procedures listed above.	
Parent/Guardian Signature:	Date:

eCheck/ACH/Debit or Credit Card
Recurring Payment Authorization Form
(To be filled out annually, before start of each program season)

Date: _____ I, _____ (print name)
authorize TNT Kid's Fitness to charge my financial account listed below, 10 days prior to each camp (for No
Bummer Summer campers tuition).

Bank Name: _____

Bank Account Type: Checking Savings Business Checking

Bank ABA Routing Number: _____

Bank Account Number: _____

-----OR-----

Debit or Credit Card (Circle one)

Account Number: _____

Expiration Date: _____ 3 or 4-digit card verification code: _____

Billing Name & Address as appears on statement:

Name: _____

Street Address: _____

City/State/Zip: _____

This payment authorization is valid & will remain in effect unless I, _____ notify TNT
Kid's Fitness of its cancellation by sending notice by email businessoffice@tntkidsfitness.org or fax 701-365-8870
or mail 2800 Main Avenue, Fargo ND 58103

Customer Name Printed: _____

Customer Signature: _____ Date: _____

Please fill out & submit (if completing online) or attach a voided check below (if applicable) & scan and email to
businessoffice@tntkidsfitness.org or drop off form in person. Services cannot be provided until the completed
form is received.

