# 2019 SUMMER CAMP REGISTRATION FORM:

Registrations are processed in the order received. Parent packet forms are required to attend and includes a HEALTH FORM and PARENT CONFIDENTIAL INFORMATION FORM. Simply fill in the Camper Information Section and Payment Information. For those who wish to email these forms back, please send to thegrindadmin@thegrindfs.com.

## CAMPER INFORMATION: (Please print legibly – required by all)

**Name:** (last) _____ (first) _____ (middle)_____

**Sex:** (check one) ☐ male ☐ female **Date of Birth:** (ages 5-12 only) ___/___/___

**Mailing Address:**_____ **City:**_____

**State:**_____ **Zip:**_____ **School attending this year:**_____

## PARENT INFORMATION:

**1st Parent/Guardian Name:**_____ **Relationship:**_____

**Mailing Address:**_____ **City:**_____ **State:**_____ **Zip:**_____

**Home Phone:**_____ **Work Phone:**_____

**Cell Phone:**_____ **Email:**_____

**2nd Parent/Guardian Name:**_____ **Relationship:**_____

**Mailing Address:**_____ **City:**_____ **State:**_____ **Zip:**_____

**Home Phone:**_____ **Work Phone:**_____

**Cell Phone:**_____ **Email:**_____

## PICK UP AUTHORIZATION:

**For safety and security reasons, we must know if someone other than the names person(s) in the "Parent Information" section will be picking up your child from camp. If so, please indicate below. If no one is listed, on the person(s) in the "Parent Information" section will be allowed to pick up the camper associated with this registration. In all cases, proper photo ID will be required in order to pick up the camper. There are no exceptions.**

**#1 Name as it appears on license** **#2 Name as it appears on license**

_____ _____

**Relationship to camper:** _____ **Relationship to camper:**_____

**ALLERGIES** (check one) ☐ YES ☐ NO IF YES, WHAT IS THE ALLERGY AND REACTION SEEN?

_____

_____

_____

## CHRONIC HEALTH CONCERNS:

☐ Camper has no chronic health concerns

☐ Camper has the following health concerns:

☐ Asthma/Wheezing/Shortness of Breath ☐ Frequent Ear Infections ☐ Headaches

☐ Severe allergies (requires inhaler/EpiPen) ☐ Frequent Colds ☐ Diabetes

## PAYMENT INFROMATION: registrations processed in order received

**NOTE: The entire balance is due upon registration.**

**Session Fee:**

| | |
|---|---|
| EARLY BIRD SIGN UP (DEC 10TH - FEB 1ST) | $100/WEEKLY |
| REGULAR SIGN UP (FEB 2ND-APR 30TH) | $150/WEEKLY |
| LATE SIGN UP (MAY 1ST & AFTER) | $170/WEEKLY |
| BEFORE/AFTER CARE | SEE BELOW |

## BEFORE AND AFTER CARE OPTIONS:

Before Care only: $15/day

After Care Only: $25/day

Before & After Care: $30/day

## HALF DAY CAMP:

We also offer a Half Day option! Children must be picked up between 12:00PM and 12:30 PM.

**Session Fee:**

| | |
|---|---|
| EARLY BIRD SIGN UP | $50/WEEKLY |
| REGULAR SIGN UP | $75/WEEKLY |
| LATE SIGN UP | $85/WEEKLY |

## CAMP HOURS:

*Before Care: 6:30AM-7:45AM*

Monday: 8AM-4PM

Tuesday: 8AM-4PM

Wednesday: 8AM-4PM

Thursday: 8AM-4PM

Friday: 8AM-4PM

Saturday: CLOSED

Sunday: CLOSED

*After Care: 4:30PM-6:00PM*

**IMPORTANT: We will be closed on Thursday July 4th and Friday, July 5th! That week is prorated!**

| | EARLY BIRD SIGN UP | REGULAR SIGN UP | LATE SIGN UP |
|---|---|---|---|
| FULL DAY OPTION: | $60 | $90 | $102 |
| HALF- DAY OPTION | $30 | $45 | $51 |

**TOTAL AMOUNT DUE AND DISCLOSED: $_____**

☐ **Check enclosed, payable to The Grind**

**Please include driver's license number and camper's name on check.**

**(There will be a $25 fee for returned checks.)**

☐ **Visa** ☐ **Mastercard** ☐ **Discover** ☐ **American Express**

**Credit Card Number:_____ Expiration Date:_____**

**Signature:_____**

**PARTICIPATION AGREEMENT/REFUND POLICY**

**I approve this registration & certify that the camper is capable of such an experience. I understand that no refund will be issued unless cancellation is made at least four weeks prior to arrival. I understand that no refunds are given if a child leaves early because of homesickness or for disruptive behavior as determined by Program Director.**

**I understand the related expenses for this medical attention will be (my) the camper's responsibility. The Grind is not responsible for lost, stolen or damaged personal articles. I also authorize The Grind to have and use photographs, slides, or video of the camper named on this registration for promotional purposes and web site session photos. (If you do not wish your child to be photographed/ filmed, please check the box below) I agree to waive any claims against The Grind, its staff, and volunteers for injuries or damages that may result from the conduct of other persons including participants in The Grind programs.**

**PARENT/GUARDIAN SIGNATURE:**

**_____**

**DATE:_____** ☐ **I do not wish my child to be photographed/filmed**

## CANCELLATION AND REFUND REQUESTS:

**Cancellation and refund requests must be emailed to thegrindadmin@thegrindfs.com**

- **(30) days <u>before</u> the event in order to receive 100% of registration fees.**
- **(14) days <u>before</u> the event in order to receive 50% of registration fees.**

**Refunds <u>will not</u> be available for cancellations <u>within two weeks</u> of the beginning of camp.**

**CAMP USE ONLY:**
**Date:_____ Check #:_____ Amount:_____ Initials:_____**

# RELEASE OF LIABILITY

# READ CAREFULLY-THIS AFFECTS YOUR LEGAL RIGHTS

**IN EXCHANGE FOR PARTICIPATION IN ONE OR MORE OF THE FOLLOWING PERSONAL TRAINING, GROUP FITNESS AND SPORTS PERFORMANCE TRAINING ORGANIZED BY THE GRIND FITNESS AND SPORTS PERFORMANCE, LLC, OF 9711 GREEN PARK INDUSTRIAL DRIVE, SAINT LOUIS, MISSOURI, 63123 AND/OR USE OF THE PROPERTY, FACILITIES AND SERVICES OF THE GRIND FITNESS AND SPORTS PERFORMANCE, LLC. I AGREE FOR MYSELF AND (IF APPLICABLE) FOR THE MEMBERS OF MY FAMILY, TO THE FOLLOWING:**

**1. AGREEMENT TO FOLLOW DIRECTIONS,** I agree to observe and obey all posted rules and warnings, and further agree to allow any oral instructions or directions given by The Grind Fitness and Sports Performance, LLC, or the employees, representatives or agents of The Grind Fitness and Sports Performance, LLC.

**2. ASSUMPTION OF THE RISKS AND RELEASE,** I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge The Grind Fitness and Sports Performance, LLC for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of The Grind Fitness and Sports Performance, LLC, whether caused by the fault of myself, my family, The Grind Fitness and Sports Performance, LLC or other third parties.

**3. INDEMNIFICATION,** I agree to indemnify and defend The Grind Fitness and Sports Performance, LLC against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation cost, which may in any way arise from my or my family's use of or presence upon the facilities of The Grind Fitness and Sports Performance, LLC.

**4. FEES,** I agree to pay for all damages to the facilities of The Grind Fitness and Sports Performance, LLC caused by any negligent, reckless, or willful actions by me or my family,

5. **CONSENT,** I, (Guardian_____ of

(address) _____consent to the participation of my (Guardian) _____.

(Child's Name)_____, in the activity of Personal Training, Group Fitness and Sports Performance Training, and agree on behalf of the above minor to all of the terms and conditions of this Agreement. By

signing this Release of Liability, represent that I have legal authority over and custody of (Child's Name)_____.

**6. APPLICABLE LAW,** Any legal or equitable claim that may arise from participation in the above shall be resolved under Missouri law,

**7. NO DURESS,** I agree and acknowledge that I am under no pressure of duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing, I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire. I further agree and acknowledge that The Grind Fitness and Sports Performance, LLC has offered to refund any fees I have paid to use its facilities if I choose not to sign this Agreement.

**8. ARM'S LENGTH AGREEMENT,** This Agreement and each of its terms are the product of an arm's length negotiation between the Parties. In the event an ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.

**9. ENFORCEABILITY,** The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.

**10. DISPUTE RESOLUTION**, The parties will attempt to resolve any dispute arising out of or relating to this Agreement through friendly negotiations amongst the parties. If the matter is not resolved by negotiation, the parties will resolve the dispute using the below Alternative Dispute Resolution (ADR) procedure.

Any controversies or disputes arising out of or relating to this Agreement will be submitted to mediation in accordance with any statutory rules of mediation. If mediation is not successful in resolving the entire dispute or is unavailable, any outstanding issues will be submitted to final and binding arbitration under the rules of the American Arbitration Association. The arbitrator's award will be final, and judgment may be entered upon it by any court having proper jurisdiction,

**I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE. I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.**

Signature:_____ (Guardian)
Date:_____

Print:_____