

Louisiana Athletic Club Kids Camp

LAC will be hosting an Easter Camp & Three Summer Sessions for Lots of FUN for the kids. Plan now to assure your child a space. A Non-Refundable Deposit of \$25 per child is required to hold your spot. Total cost of the Easter camp is \$85.00 for members & \$95.00 for nonmembers. Discount of \$5.00 given for siblings. Remaining balance is due on the first day of camp. Hours will be 7:30am-4:30pm, Monday-Thursday. (Tuesday-Friday Memorial Day Camp, \$85-members & \$95.00-non members). Cost for session II & III will be \$95.00 & \$ 110.00A nutritional morning snack, lunch and afternoon snacks will be provided. Activities include: exercise classes, art, fitness competitions, swimming, and DODGE BALL!

Please print all information and use a separate form for each child.

Participant Information:

Last Name _____ First _____ MI _____

Grade _____ Age _____ Birth Date _____ Boy/Girl _____

Address _____ City _____ State _____ Zip _____

Parent's Name(s) _____

Home Phone _____ Work Phone _____

In Case Of Emergency Notify:

Name _____ Relation _____ Phone _____

Is there anyone who is not allowed to pick your child up? _____

Medical Information and Authorization to Provide Medication:

Health Problems:

Allergies (include food allergies) _____

Diabetes _____ Asthma _____ Other _____

Are there any activities your child should be restricted from participating in?

Is your child currently taking any medication? Yes _____ No _____

If you wish the staff to administer this medication, you must provide the medication needed and sign this authorization for the staff to administer the medication.

Name of medication: _____ Time needed: _____ Dosage: _____

Child's Physician _____ Physician's Phone _____

Parent/Guardian Signature _____ Date _____

Medical Treatment Consent and Liability Release:

In case of emergency, I grant permission for my son/daughter to receive necessary medical treatment in the event of an injury or illness while attending the Louisiana Athletic Club Kids Camp. I will accept responsibility for the full payment of such medical treatment and I hereby hold Louisiana Athletic Club and their representatives harmless in the exercise of this authority.

Parent/Guardian Signature _____ Date _____

A \$25.00 Deposit is required for each camp and for each child. ☺		
*** Please circle - member/non-member		
***Please circle –		
Easter (March 29th-April 1st)	Session I (June 1st- 4th)	Session II (July 5th - 9th)
		Session III <small>(Week before school starts)</small>