

# National Academy of Fitness

## Summer Camp 2008

Return to:  
525 West State St., Ste. 6  
Hurricane, UT 84737

Name of Camper \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Age \_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_  
 Name(s) of Parent/Guardian \_\_\_\_\_/  
 Work Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Fax Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email Address \_\_\_\_\_  
 Residence Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Medical and Other Information (Please check or circle the following)

Copy of Medical or Insurance Card (Front & Back)  
 Has Student ever been involved in a Juvenile Court System? Y / N  
 Has Student ever been expelled from School, put on probation, or put in detention? Y / N  
 Does Student have any physical limitations or special needs? Y / N  
 If YES please specify \_\_\_\_\_

Please mark the sessions you wish to attend.

**Session 1** (June 9 – June 28)  
 **Session 2** (June 30 – July 19)  
 **Session 3** (July 21 – Aug 9)

Session	Tuition	Required Deposit
<input type="checkbox"/> <b>Any 1 Session</b>	\$2,700	\$500
<input type="checkbox"/> <b>Any 2 Sessions</b>	\$5,100	\$500
<input type="checkbox"/> <b>All 3 Sessions</b>	\$7,500	\$500

Please send your signed registration along with your payment of the full tuition or deposit and Medical deposit \$250.00. Payment can be made in the form of check, money order, or credit card.

Check or money order payable to NAF is enclosed in the amount of \$ \_\_\_\_\_  
 Please charge my credit card for the  full tuition or  deposit.  
 Credit Card # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ Amount \$ \_\_\_\_\_

By signing below, I affirm that I have read, signed, and I accept National Academy of Fitness' Terms and Conditions and if applicable, authorize NAF to bill my credit card listed above for the tuition or deposit amount that I have indicated.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

1. **Sponsor Affirmation.** Sponsor represents that they are the parents of the Camper identified above, and that the Sponsor has sole and legal custody of the Camper and the complete and absolute authority to enroll the Camper in National Academy of Fitness, hereinafter referred to as NAF, and to execute this Contract. Sponsor represents that prior to signing this Contract, he or she has completely read the Terms and Conditions have understood the terms and conditions, or have duly inquired from the NAF personnel to have all of Sponsor's questions answered to his or her satisfaction and hereby agrees to be bound by and faithfully perform all the terms and conditions stated herein

2. **Medical History Document.** The sponsor who signs the required medical history document hereby attests that their camper is of sound physical and mental health and fully able to participate in all camp activities. Before the camper is officially accepted, the sponsor agrees to submit a written account of any medical conditions, physical or mental, their camper has; including any food or drug allergies, regularly taken medications, and a brief medical history including vaccinations, surgeries, and hospitalizations. In addition, the sponsor agree to promptly alert National Academy of Fitness, in writing, of any change in the camper's physical or mental health between the date of Registration to the camper's arrival and through the camp session. Notification is to be sent to; National Academy of Fitness, 7226 E. Paradise Road, Apple Valley, UT 84737.

3. **Authorization for Camper's Participation, Assumption of Risk and Release of NAF.** Sponsor represents to NAF that during Camper's enrollment at NAF, Sponsor and Camper have been informed that certain activities and events the Camper may attend and participate in may have inherent risks and dangers. Sponsor affirmatively consents and authorizes Camper to attend and participate in all camp programs, activities, and events, whether they be on or off campus, including but not limited to water-skiing, paint balling, tubing, hiking, amusement/water parks, biking, and horseback riding. After having been duly informed, Sponsor and Camper hereby assume any and all damages, injuries, and risks associated with or resulting from Camper's attendance and/or participation in these activities and events, and the Sponsor and Camper hereby fully release, discharge, and hold NAF, its officers, employees, agents, representatives harmless, including for any acts of negligence and from any injuries, harm, or damages suffered by the Camper or to Camper's property, including medical bills.

4. **Camper Dismissal.** For the safety, welfare, and preservation of property and the rights of others, NAF has the absolute right to dismiss and terminate the session of any Camper, without notice or a right to be heard, where Camper's conduct or influence, in the absolute discretion of NAF, is improper, objectionable, or not in the best interests of the Camper or NAF. The grounds for dismissal may include but shall not be limited to the following: the observation or discovery (NAF reserves the right to search personal property) of the use or possession of weapons, nonprescribed drugs or drug-related implements, stimulants, cigarettes, or intoxicating beverages; leaving campus or program activities at any time without official approval and supervision; damaging or defacing of NAF property or the property of others; refusing to participate in activities, failing to comply with rules or procedures, exhibiting offensive behavior; and omitting or misrepresenting medical or mental history of the Camper.

Upon the dismissal of any Camper, Sponsor shall make arrangements to retrieve Camper within 24 hours of receiving notification of Camper's dismissal. If Sponsor is not available to retrieve Camper the emergency contact person will be under the obligation to retrieve Camper within 24 hours. Upon the dismissal of Camper, neither Camper nor Sponsor will be entitled to a refund or adjustment of any part of the tuition fee.

5. **Jurisdiction for any Action or Dispute.** NAF, Sponsor, and Camper agree that any action or dispute resulting from this Contract or from services or treatment of the Camper at NAF shall first be submitted to mediation for resolution. The parties agree that venue and jurisdiction for any dispute resolution or legal action will be within Washington County, State of Utah.

**6. Disclaimer of Responsibility.** Sponsor acknowledges that NAF has made no specific representations or warranties as to success of the program. Sponsor understands that Camper's success is based upon several factors, including individual Camper motivation and discipline. Neither NAF, its owners, directors, nor employees shall be responsible for clothing, laundry, baggage, mail, packages, nor personal possessions lost or damaged by fire, theft, malicious mischief, or personal negligence. Sponsor hereby authorizes NAF in its sole discretion to search the Camper's personal belongings, including incoming and outgoing mail. NAF assumes no responsibility for the acts done by Campers when in violation of school rules or local, state, or federal laws. Sponsor and the Camper assume all financial responsibility in repairing or replacing any property lost, stolen, damaged, defaced, or destroyed. NAF is not responsible for losses of personal property or acts done by Campers or other persons while off the campus.

**7. Consent to Marketing and Photographing.** By signing these terms and agreements, Sponsor gives express permission to NAF to photograph, film, video- or audio-tape the Camper in any public release, publicity scheme, TV program, advertisement, brochure, or promotional video and can do so without payment to camper, parent(s), or guardian(s).

**8. Non-Medical and Treatment Facility Notification.** NAF is not a medical facility. Prospective Campers who are suicidal, psychotic, violent, diabetic, asthmatic, schizophrenic, highly depressed, anorexic, bulimic or have heart disease, sleep apnea, are taking prescribed medications, and/or have any other significant mental, emotional, or other medical problems should not enroll at NAF. NAF does not provide any clinical screening for these health conditions. Sponsor agrees to properly screen Camper for these health conditions before enrollment in NAF.

**9. Consent for Emergency Medical Treatment.** By executing this Contract, Sponsor hereby gives express permission to the physician or hospital selected by NAF to take whatever measures are deemed medically prudent to provide treatment to Camper, including hospitalization, injection, anesthesia, urinalysis, blood testing, lab work, prescription of medicines, X-rays, or surgery. Furthermore, Sponsor authorizes NAF to provide all accident or health insurance information listed above for claim processing as well as use Sponsor's medical deposit to pay for these services.

**10. Medical or Dental Treatment.** Medical and dental expenses for treating illness, injury, or any preexisting medical conditions while at camp are the financial responsibility of the camper's sponsor. A deposit in the amount of \$250.00 or a credit card will be required to facilitate payment. This deposit will be returned to the sponsor, if unused, at the end of the camper's session. The family can submit receipts to their health insurance, if available, for reimbursement.

**11. Prevention Authorization.** Sponsors hereby gives consent and authorization to NAF to physically restrain, control, and detain the Camper for the following purposes, including but not limited to: preventing Camper from jeopardizing the safety of others, himself or herself; preventing the flight of the Camper into a dangerous or unsupervised situation; and preventing the destruction of property. Sponsor authorizes NAF to use non-violent crisis intervention techniques to insure a safe, positive environment for each Camper. Sponsor agrees to hold harmless and release NAF from any liability or damages resulting form these restraint prevention procedures.

Name \_\_\_\_\_

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Exp \_\_\_\_\_