

Children going into Grades 1-6 are invited to participate in a summer of fun and good health!!!

## Active Kids Camp 2009



Active Kids Fitness and Health Summer Camp is a dynamic energetic way to keep your children active this summer. Our staff, led by Dave Pentek, Cedarburg High School Physical Education teacher and Renee Knier, Parkview Elementary School Physical Education teacher will guide kids through a summer of fun and activity.

They will enjoy: Playground games, Stretching, Total body strengthening, Balance and Stabilization Training, Biking, Outings and special activities, including bike trips around Cedarburg, and skating at Ozaukee Skateland, as well as Team building activities

### Schedule:

Summer Session 1: Westlaw, Parkview & Thorson: June 29th - July 16th  
*Monday- Thursday: 9:00 - 12:00p.m.*

Summer Session 2: Westlaw, Parkview & Thorson: July 27th - August 13th  
*Monday- Thursday: 9:00 - 12:00p.m.*

*\* Students will meet and be picked up at the bike racks on the north end of Westlawn property, the Southeast bike racks at Parkview school and on the north side of Thorson outside..*

### Cost:

New Students: \$85 first child, \$75 each additional child  
Returning Students: \$75 first child, \$75 each additional child  
*(children may register for both sessions)*

**Registration:** Print and complete the form on the back of this page and drop it off along with your payment at our offices, or mail it along with your payment to: Cedarburg Physical Therapy, W63N541 Hanover Ave, Cedarburg, WI 53012.

**Registration Deadline:** Friday, June 19<sup>th</sup>, 2009

**More Information:** Please visit [www.activekidscamp.com](http://www.activekidscamp.com)

## Registration for Active Kids Summer Camp

1 <sup>st</sup> Child's Name: _____	<input type="checkbox"/> New	<input type="checkbox"/> Returning	
1 <sup>st</sup> Child's Birthday: _____	Grade Entering in Sept. 2009 _____	T-Shirt Size _____	
Session (circle all that apply):	Session 1 Parkview	Session 1 Westlawn	Session 1 Thorson
	Session 2 Parkview	Session 2 Westlawn	Session 2 Thorson
2 <sup>nd</sup> Child's Name: _____	<input type="checkbox"/> New	<input type="checkbox"/> Returning	
2 <sup>nd</sup> Child's Birthday: _____	Grade Entering in Sept. 2009 _____	T-Shirt Size _____	
Session (circle all that apply):	Session 1 Parkview	Session 1 Westlawn	Session 1 Thorson
	Session 2 Parkview	Session 2 Westlawn	Session 2 Thorson
3rd Child's Name: _____	<input type="checkbox"/> New	<input type="checkbox"/> Returning	
3rd Child's Birthday: _____	Grade Entering in Sept. 2009 _____	T-Shirt Size _____	
Session (circle all that apply):	Session 1 Parkview	Session 1 Westlawn	Session 1 Thorson
	Session 2 Parkview	Session 2 Westlawn	Session 2 Thorson

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

*You will receive registration confirmation and instructions via e-mail from [activekidscamp@sbcglobal.net](mailto:activekidscamp@sbcglobal.net)*

Other #'s in case of emergency: \_\_\_\_\_

You have my consent to use photos taken at the 2009 Active Kids Camp in future marketing materials and on the website

I would be interested in Parent Education Seminars that are held during regular camp hours

TOTAL AMOUNT DUE \$ \_\_\_\_\_  Check enclosed  Mastercard  Visa

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

MAIL TO: Cedarburg Physical Therapy, W63N541 Hanover Ave, Cedarburg, WI 53012 or Register in person at the Cedarburg Physical Therapy offices

**Deadline for Registration: Friday, June 19, 2009**

# Active Kids Summer Camp

Children's names:

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Contact name and number in case of emergency:

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Does your child have any medical conditions, allergies, inhalers, etc. that our counselors should know about?

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## Informed Consent & Liability Release

I have been informed of and acknowledge that my child's participation in the Active Kids Summer Camp involving flexibility, strength and aerobic exercise, including the use of equipment and devices and could be potentially hazardous. I have also been informed of and acknowledge that my child's participation is completely voluntary and the child may opt to not participate on their own or their parent's accord for any activity at any time.

I HEREBY ACCEPT THE RESPONSIBILITY FOR ANY HARM, INJURY OR DAMAGE THAT MAY RESULT FROM MY CHILD'S PARTICIPATION IN ALL ACTIVITIES AT ACTIVE KIDS SUMMER CAMP.

I HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS CEDARBURG PHYSICAL THERAPY, INC, ITS OFFICERS, EMPLOYEES, SUBCONTRACTORS AND AFFILIATES FOR ANY CLAIM ARISING OUT OF ANY INJURY TO MY CHILD, WHETHER THE RESULT OF NEGLIGENCE OR ANY CAUSE. I VOLUNTARILY AND KNOWINGLY ACKNOWLEDGE, ACCEPT AND ASSUME THESE RISKS.

I have read this waiver and release of claims and covenant not to sue. I am aware that this is an agreement not to sue and constitutes a complete release of liability by me and by the program participant. I acknowledge that I am signing this document of my own free will, with full knowledge of the risks being assumed by my child.

\_\_\_\_\_  
Parent's Name (Print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date