

Mind Fitness

2003 Healthy Mind & Body Summer Camp

Registration Form

Student Name _____ Grade Completed _____

Address _____ Zip Code _____

Home Phone _____ Parent's Name _____

Mind Fitness requires a telephone number where a parent/guardian may be notified in case of emergency.

Name _____ Day Phone _____ Relationship _____

Does your child require any modifications under ADA? Yes _____ No _____

If Yes, please explain: _____

Health Conditions: Please check if your child has: Asthma _____ Diabetes _____

Epilepsy/Seizure Disorder _____ Allergies (type) _____

Other: _____

I certify that all information is accurate and correct. If any changes need to be made to this application, notify the Mind Fitness office immediately.

In case of emergency, I give my approval and authorization for first aid treatment and any medical treatment of the student named (the "Student") by local physicians and/or hospitals, including surgical procedures. I agree to accept responsibility for payment of all charges incurred during medical treatment.

I hereby agree to release Mind Fitness and its trustees, employees, volunteers and sponsors (collectively, the "Indemnities"), and to indemnify and hold the Indemnities harmless for all claims, liabilities and expenses (including (a) claims made by the student after reaching the age of majority, and (b) claims for damages caused in whole or in part by the negligence of the Indemnities) relating in any way to the student's participation in the activities identified herein.

Signature of Parent or Guardian _____ Date _____

Please complete registration form, include payment and mail to:

Mind Fitness

20323 Huebner Road. Suite 111 #73

San Antonio, Texas 78258