



CrossFit KITCHENER
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CrossFit & Climb

PD Day Camps 2017/2018

PLEASE KEEP THIS PAGE FOR YOUR OWN REFERENCE

½ Day at **Grand River Rocks** & ½ day at **CrossFit Kitchener**

Dates: September 22, 2017
November 17, 2017
January 26, 2018
April 13, 2018
May 4, 2018

Time: 9am-4pm

Ages: 6-14

Price: \$55.00 plus applicable taxes

Spend the day moving and grooving with CrossFit Kids and Grand River Rocks! Campers will challenge themselves with workout games, vertical climbing challenges, boulder problem solving and fitness exploration. Our awesome and talented team of leaders will guide kids through professional coaching and encouragement, ensuring safety and fun! Pizza lunch included. Participants are asked to bring nut-free lunches and some snacks.

Schedule: Kids will start the day at Grand River Rocks. There will be a pizza lunch at GRR, and then a bus will take them over to CrossFit Kitchener on Mill St. at 1pm. Pick-up will be at CrossFit.

Grand River Rocks: Harness rentals are included but shoe rentals are not, so please wear a pair of tight-fitting running shoes (rental shoes are \$5). Also, please bring a refillable water bottle with your child's name on it. Participants are asked to wear comfortable clothing. No short shorts, as the harnesses are not padded and are not comfortable on bare skin.

CrossFit Kitchener: Kids need to wear comfortable, moveable workout gear and a pair of running shoes. Please bring a water bottle labelled with your child's name. Kids work up an appetite in our camps so please make sure to pack extra snacks.

Drop off at Grand River Rocks at 9am

Pick up at CrossFit Kitchener (Mill St. location) at 4pm

If someone not already listed on this form will be picking up a camp participant, please inform camp staff prior to pickup. Individuals picking up participants should be prepared to show photo identification. **No early drop-offs or late pick-ups.**

No refunds. Extenuating circumstances (e.g. medical illness or injury) will be considered on an individual basis.

GRR HST Registration #: 832359715

PLEASE SUBMIT COMPLETED REGISTRATION AND WAIVER FORMS (online), ALONG WITH PAYMENT, TO GRAND RIVER ROCKS.

GRAND RIVER ROCKS

50 Borden Ave. South, Unit 1
Kitchener, ON
N2G 3R5

www.grandriverrocks.com

info@grandriverrocks.com

519.742.1389

CROSSFIT KITCHENER

543 Mill St. #6
Kitchener, ON
N2G 2Y5

www.crossfitkitchener.com

info@crossfitkitchener.com

(519) 208-7240



Participant information (please print clearly):

I am registering for:

Sept. 22, 2017
 Nov. 17, 2017
 Jan. 26, 2018
 April 13, 2018
 May 4, 2018

First Name:		Last Name:		Gender: <input type="checkbox"/> male <input type="checkbox"/> female	
Date of Birth: <i>day-month-year</i>		Age (at time of camp):	Contact Email Address: (<i>required – please print clearly</i>)		
Street Address:			City:		Postal Code:
Daytime Phone #:		Evening Phone #:		Parent Name:	
Medical Conditions / Health Requirements / Allergies:					
Any additional information or requests that we should be aware of?					

Please submit completed forms to GRR and ensure waivers for both Grand River Rocks (online at www.grandriverrocks.com) and CrossFit Kitchener (see attached) are completed.

-----Staff to fill out portion below-----

\$249 +tax					
Staff: PAID: \$ _____ <input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cash					
Date received _____ Staff initials _____ CrossFit Waiver checked _____ GRR waiver checked _____					
<i>Staple copy of receipt to form!</i>					

CrossFit Kids Registration Form

PARTICIPANT INFORMATION

Name: _____ **Birthdate:** _____ **Age:** _____
First Last mm/dd/yyyy

Medical Concerns/Allergies: _____ **M** **F**
PLEASE INFORM US IF YOUR CHILD'S HEALTH STATUS CHANGES PLEASE CIRCLE

PARENT/GUARDIAN INFORMATION

Name: _____ **Phone #:** _____

Email: _____ **Emergency Contact**

Name: _____ **Phone #:** _____

Email: _____ **Emergency Contact**

How did you hear about us?

PRIVACY CODE

I am aware that CrossFit Kitchener maintains the information above and that staff may have access to the information. CrossFit Kitchener will not share any information with any other party.

WAIVER AND RELEASE

Although all efforts will be made to provide a safe and enjoyable exercise program, it must be recognized there are inherent risks involved in participation in any sport. I, the undersigned, hereby agree to indemnify and save harmless CrossFit Kitchener of Kitchener, Ontario its principals, officers, instructors, coaches, employees, members and clubs against all claims, demands, costs, damages, actions, suits or proceedings arising out of participation of my child, named above, in any CrossFit activity. CrossFit Kitchener reserves the right to photograph and/or video participants involved in CrossFit Kitchener programs to be used for the sole purpose of promotional material and publication; therefore I, the undersigned, waive any rights of compensation or ownership thereto.

Signature: _____ **Date:** _____

OFFICE USE

Athlete Type: Member's Child Non-Member's Child **Session:** Fall Winter Spring Summer
please circle

Paid: _____ **Rec'd by:** _____ **Entered in MB:** _____
Initials Initials