



## 2017 REGISTRATION FORM

Camper's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Age (On June 19, 2017): \_\_\_\_\_ Sex: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade (2017-2018): \_\_\_\_\_

Primary Email Address(es): \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Work Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Work Phone: \_\_\_\_\_

Contact Person in Emergency if parents are unavailable:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

T-Shirt Size (Youth)      XS      S      M      L      XL

How did you hear about camp?: \_\_\_\_\_

**WE ARE EXCITED FOR AN AMAZING SUMMER AT  
BEE IN THE CITY!**



**PARENT WAIVER**

I, \_\_\_\_\_, request that my child be admitted to BEE In The City Summer Camp (BITC). I understand that as the parent/guardian submitting this registration form on behalf of the above named camper, that I, alone, am responsible for payment of the camp fees in accordance with the following schedule: \$500 due at sign up, 50% of balance due by May 1st; final balance due in full by June 1st. After June 1st, all camp fees are due in full at time of registration. Payments can be made online via Venmo, Chase QuickPay or Google Wallet to **BRIAN@BEEINMOTION.COM** or via personal check made payable to **BEE IN MOTION**. Credit Card payment is available upon request.

2. I understand that ALL FORMS must be filled out, signed and returned with the Registration Form.
3. I give permission for my child to go on trips outside the camp facility via the form of walking, public transportation, or bus.
4. I give my permission for my child to be included in camp photos, videos, or multimedia presentations.
5. I give permission for my child's phone number and parent email address to be shared with other counselors on a written list.
6. I certify that my child **IS physically fit** and has NOT been advised to NOT participate by a qualified medical professional. I certify that there are NO health-related reasons or problems that preclude my participation in this sports lesson. I acknowledge that this Accident Waiver and Release of Liability Form will be used by BIM for all sports and activities in which I may participate and that it will govern my actions and responsibilities with respect to BIM.

In consideration of my application and permitting me to participate in BITC summer camp sports training and receive instruction, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

**I acknowledge that BITC sports, fitness activities carry with it the risk of death, serious injury, and personal loss. These risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, spectators, coaches. I acknowledge that engaging in sporting activity involves these and other inherent risks, and is a potentially hazardous activity.**

I agree that the laws of the State of New York govern this Waiver and Release contract and any dispute with BIM or its Representatives. The Waiver and Release contract shall be construed broadly to provide a release and waiver to maximum extent permissible under New York law, which allows a parent or guardian to execute a release for a minor. I further agree that any dispute I have with BIM or its Representatives is subject to mediation and, if necessary, binding arbitration, with the parties bearing their own costs. The arbitration will apply the laws of the New York, take place in New York, and be conducted pursuant to the Commercial Arbitration Rules of the American Arbitration Association. If any provision of this Waiver and Release contract is held illegal or unenforceable, the remainder of this Waiver and Release shall remain binding.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, AND UNDERSTAND ITS CONTENT, INCLUDING THAT BY SIGNING THIS AGREEMENT I AM WAIVING POTENTIAL LEGAL RIGHTS SUCH AS THE RIGHT TO SUE. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT. I SIGN IT ON MY OWN FREE WILL.**

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Participant, Parent or Legal Guardian

\_\_\_\_\_  
Date

**WE ARE EXCITED FOR AN AMAZING SUMMER AT  
BEE IN THE CITY!**



Child's Name: \_\_\_\_\_

### 1. PICK UP RESPONSIBILITIES

**Who has permission to pick your child(ren) up from camp?**

Name, Relationship to Camper & Cell-Phone Number

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### 2. HEALTH HISTORY

Allergies: \_\_\_\_\_

If applicable, please describe the typical allergic reaction of your child: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

If medicine is to be administered at camp check here \_\_\_\_

**\*\*We will follow up to discuss these procedures\*\***

Food Restrictions: \_\_\_\_\_

### 3. Health Insurance Information

Carrier or Plan Name: \_\_\_\_\_

Group # \_\_\_\_\_

**WE ARE EXCITED FOR AN AMAZING SUMMER AT  
BEE IN THE CITY!**



**4. Additional Information**

Does your child have a sibling at camp?                      Yes                      No

Name(s): \_\_\_\_\_

Does your child have friends they know at camp?                      Yes                      No

Name(s): \_\_\_\_\_

What are your child's favorite activities and interests?

---

---

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL WOULD BE HELPFUL FOR US TO KNOW ABOUT YOUR CHILD:

---

---

---

MAIL THIS REGISTRATION FORM & NON-REFUNDABLE \$500 DEPOSIT PER CAMPER TO:

**Attn: Brian Loesch**  
**BEE In Motion-BEE In The City**  
**3343 Crescent St, Apt 2C**  
**Astoria, New York 11106**

**WE ARE EXCITED FOR AN AMAZING SUMMER AT  
BEE IN THE CITY!**