



2095 Andrea Lane  
Fort Myers, FL 33912  
239-482-7789

**Summer Break Camp Agreement**

Date: \_\_\_\_\_

1st Child / Name \_\_\_\_\_ (F / M) DOB \_\_\_\_\_ Age \_\_\_\_\_

2nd Child/ Name \_\_\_\_\_ (F / M) DOB \_\_\_\_\_ Age \_\_\_\_\_

3rd Child/ Name \_\_\_\_\_ (F / M) DOB \_\_\_\_\_ Age \_\_\_\_\_

School Attending \_\_\_\_\_ Grade (2021/2022) \_\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Ph # \_\_\_\_\_

Any medication or allergies \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Mother's Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Employment \_\_\_\_\_

Work Ph # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Employment \_\_\_\_\_

Work Ph # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency contacts that may pick up my child from the Program:

Names & Ph # \_\_\_\_\_

**\$35 Daily Rate**

**\$125.00 Single Week**

**\$100 Multiple Weeks (with EFT Program)**

**\$700 Full Summer: June 21- August 6**

Circle Week(s): **Week 1:** June 21- 25    **Week 2:** June 28- Jul 2    **Week 3:** July 5-9    **Week 4:** July 12-16

**Week 5:** July 19-23    **Week 6:** July 26-30    **Week 7:** August 2-6

**Single Days Attending:** \_\_\_\_\_

**Daily Lunch Rate:** \$7.00 Includes choice of Hot Dog or Slice of Pizza + a Beverage with Popcorn / Chips (optional)

**EFT AUTHORIZATION** (not required for daily rate) I, Authorize SPINZ to withdraw from the information furnished below:

Credit/Debit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CID: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent Release:** I have enrolled the above-named child(ren), and my signature below indicates that I release SPINZ and any persons connected with the said company from blame or responsibility in case of accident or injury occurred during the operations of this program. There is no medical coverage included in this registration for any program offered by SPINZ. By participating in this program, I assume medical insurance responsibilities. I understand that in case of a medical emergency, 911 will be called and I hereby authorize the doctors at the designated hospital to treat my child for any injury or illness occurring during any SPINZ's programs. There will be NO refunds on any unused deposits or missed days. We accept cash and all major credit cards for payment. Please no personal checks.

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_