

HEALTH ZONE SUMMER CHALLENGE 2011



GET READY TO MOVE!

Get ready to move! Each day of Summer Challenge will be filled with sports and active games for kids ages six to 12. Activities will include both indoor and outdoor fun, plus lessons on healthy eating with daily nutrition activities and games. We will even save a little time for creativity where you can put your imagination and artistic talents to work! Each week will end with a special surprise – **get ready for Friday “Fun” day!**

AGES 6-12
MONDAY – FRIDAY
9 A.M. – 4 P.M.
CALL FOR INFORMATION
BEFORE/AFTER CARE
AVAILABLE

Weekly Pricing:

Monday through Friday 9 a.m. - 4 p.m.
(Health Zone member): **\$140**; (non-member): **\$160**

Contact the Health Zone business office at 918.494.1660 or hzone@saintfrancis.com for more information.

5353 E. 68th Street • Located near 71st and South Yale

Summer Challenge Camps 2011 Registration Form

Participant's Name: _____ Birthdate: _____ Age: _____ Boy/Girl: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

Mark all that apply: Session	All day HZ Member	All day HZ Non-Member
<input type="checkbox"/> June 13-17	\$140	\$160
<input type="checkbox"/> June 20-24	\$140	\$160
<input type="checkbox"/> July 18-22	\$140	\$160
<input type="checkbox"/> July 25-29	\$140	\$160

TOTAL

Before and after care available at Kid Zone starting at 8:00 a.m. before camp and until 6:30 after camp. Please call 918.494.8205 for pricing and to make arrangements.



- Camper is bringing a sack lunch.
- Camper is bringing \$5.00 to purchase a healthy sack lunch provided by Zone Appetit Deli.

Payment Information: _____ Payment Amount: _____

Charge to Health Zone Account (members only) Mailing Check Pay Cash at the Health Zone

Visa Mastercard Discover Card# _____ Exp Date (MM/YY): ____/____

Release

Health Zone, a service of Related Health Services, Inc and its parent company, Saint Francis Hospital, Inc. (hereafter "The Center"), is a medically-directed fitness and wellness program. As a participant in The Center's Summer Challenge program, I acknowledge that I am using The Center's facilities and equipment at my own risk and that The Center shall not be liable for losses of any personal belongings. I understand that some outdoor activities will be held off-site. I understand this paragraph to be a waiver and a release of The Center, their agents, and employees from any liability for injury or harm to my child or myself while involved in the use of equipment, facilities, or activities at The Center.

Parent/Guardian's Signature: _____ Date: _____

Employee/Witness Signature: _____ Date: _____

Consent for taking photographs, motion picture and video tapes

I authorize and/or ratify the taking of photographs, motions pictures or videotapes of the above named child for Saint Francis Health System's Public Information Department or its authorized agent(s). The name of the child and/or child's family will not be used in any manner to identify the photographs, motion pictures or video tapes. The photographs, motion pictures or video tapes maybe used for the purpose of publication or release to the media. These photographs, motion pictures, or videotapes need not be shown to the undersigned prior to the publication or viewing. All prints and negatives of any type shall be the sole property of Saint Francis Health System or its authorized agent(s). This consent is expressly intended to release all liability of any nature all agents and other personnel employed by Saint Francis Health System with regard to the taking, publishing or viewing of the photographs, motion pictures or videotapes.

Parent/Guardian Signature: _____ Date: _____