



WINTER BREAK ADVENTURES CAMP

WEEK 1 - DECEMBER 23, 26, & 27

WEEK 2 - DECEMBER 30 & JANUARY 2 & 3

Hours of Operation

December 23rd - January 3rd
(excluding weekends and holidays)

8am - 5pm

Extended Care is NOT available

Meet the Camp Director and Assistant Camp Director



Dan Andonian
Camp Director
772-567-1400
dan@verofitness.fit



Don Foderaro
Assistant Camp Director
772-567-1400
don@verofitness.fit

FREQUENTLY ASKED QUESTIONS

Does my child need a physical?

No, a physical is NOT needed. However, on our registration form we ask that you list all medications, allergies, and medical conditions your child may have. We also ask that you include the physician/pediatrician contact information.

What should my child bring to camp?

Campers should wear comfortable clothes including:

- T-Shirts
- Shorts
- Sneakers

We will be doing physical activities throughout the day. Campers should come with Sunscreen on and bring a bottle with them so they can reapply when needed.

For swim lessons campers will need:

- A bathing suit
- Towel
- Goggles

For tennis lessons campers will need:

- Tennis Racket
- Sneakers

(Your child will NOT be able to play without sneakers)

A water bottle should always be available to stay hydrated throughout the day. Campers will need a bagged lunch (unless purchasing one with us) and snack money (\$2/day should be plenty). Please leave electronics at home including cell phones, iPods and tablets. We are not liable for lost or stolen items at camp.

Do I need to sign my child in and out of camp?

Yes. Children need to be signed in each day as attendance will be taken at the start of camp. Children also need to be signed out of camp when they are picked up so we can account for who is at camp and who is not. Our registration form provides space for additional adults who have authorization to pick up your child. If this needs to be changed at any time, a written note signed by the parent must be sent in indicating the change. We encourage all parents to call Vero Fitness or email the Camp Director if your child is going to be absent from camp.

What about medications?

Prescription and over the counter medications will not be administered at camp. A parent should administer these medications either before camp or stop by during lunch.



Should my child be able to swim to attend camp?

Yes. We advise that your child has at least "beginner" level swimming abilities to attend camp since we will be in our recreational pool if weather permits.

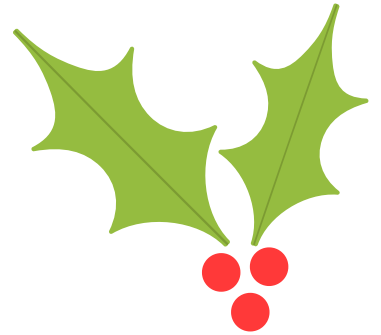
We recommend you sign up for swimming lessons prior to the start of camp so your child will be able to enjoy their camp experience. You can contact the Front Desk for more information on swimming lessons at 772-567-1400.

If it rains what happens to camp?

We may experience inclement weather, in which case, we will hold activities inside. We have several options for indoor play and activities.



2024 VERO FITNESS WINTER BREAK ADVENTURES CAMP FEES



Prices:

\$135 FIRST CHILD (PER WEEK)
\$115 ADDITIONAL CHILD (PER WEEK)
\$50 PER DAY

\$35 NON-MEMBER REGISTRATION FEE

Payment is due in full at time of registration.

We accept checks, cash or credit card at the Vero Fitness Front Desk. There is a 3.5% processing fee on credit/debit cards.

Camper Reservation - Very Important!

A camper only receives a reserved space in camp after payment is received.
To guarantee acceptance into camp, parents must register and pay in full before entering your child into camp.

Daily drop-off is contingent upon space availability and may not be acceptable into camp if space is not available.

Vero Fitness Winter Break Adventures Camp is a co-ed program for children ages 6-12. Campers can play sports or participate in activities both fun and educational.

Winter Break Adventures Camp runs from Monday, December 23rd through Friday, January 3rd (excluding weekends & holidays) and is held from 8am to 5pm.

Depending on the weather, campers can be found in the Camp Areas: sports arena, volleyball courts, swimming pools for lessons and recreational swims, tennis courts for daily lessons, group fitness studios, inside the Vero Fitness facility.

REFUNDS/CANCELLATIONS

Granted under the following conditions with approval of the Vero Fitness General Manager:

75% Refund

1. A documented medical condition that prevents the child from participating in camp and Vero Fitness is notified at least one day prior to the start of the program.
2. A cancellation notice is given 30 or more days in advance to the start of camp.

50% Refund

A cancellation notice is given 14 days in advance to the start of camp.

NO REFUND

No refund will be granted if we receive no notification that your child(ren) will be absent from camp. If you are registered for multiple weeks of camp, you cannot accumulate absent days to use as a credit at a later time during the camp season for any unregistered days or weeks of camp without permission from the Camp Director.



Allergies: _____
Medical Conditions: _____

2024 WINTER BREAK ADVENTURES CAMP REGISTRATION FORM

Member _____ Non-Member _____ How did you hear about our program? _____

Child's Name (first/last): _____ D.O.B: _____

2nd Child: _____ D.O.B: _____ 3rd Child: _____ D.O.B: _____

Address: _____

City/State/Zip Code: _____

Parent/Guardian: _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____ Bus. Phone: _____ Cell: _____

E-mail: _____

Medications: _____

Allergies: _____

Medical Conditions: _____

Physician/Pediatrician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

*Parent/Guardian (PICK-UP): _____

***Please Note:** A form of ID is required if someone other than registered person(s) is picking up your child(ren).

Attendance: Please indicate all dates your child(ren) will be attending:

Monday, 12/23	Tuesday, 12/24	Wednesday, 12/25	Thursday, 12/26	Friday, 12/27
Monday, 12/30	Tuesday, 12/31	Wednesday, 1/1	Thursday, 1/2	Friday, 1/3

I accept full responsibility for my child's use of any and all apparatus, appliances, facility privilege or service whatsoever, owned and operated by this Club at my child's risk and shall hold this Club, its shareholders, directors, officers, employees, representatives, and agents harmless from any and all loss, claim, injury, damage sustained or incurred by child resulting therefrom.

Parent/Guardian: _____

Signature: _____

Date: _____



TO PARENTS OR GUARDIANS OF MINOR - WAIVER OF LIABILITY AND DISCLAIMER: In consideration of my son's/daughter's membership and participation in the activities and special programs or events at Vero Fitness as parent or guardian of named minor, my heirs, executors, administrators and assigns, waive, release and discharge any and all rights and claims of damages against Vero Fitness and/or its sponsors for all claims arising or resulting from traveling, participation and/or being involved in the program or activities. I attest and verify that I have full knowledge of the risks involved in said participation and that I will on behalf of the said member assume and pay any medical or emergency expenses in the event of accident, illness or other incapacity regardless of whether I have authorized such expenses. I attest that my son/daughter is physically fit and sufficiently able to participate in the programs or activities at Vero Fitness in conjunction with other youth members.

ACKNOWLEDGMENT AND CONSENT: For internal and external use, I acknowledge that Vero Fitness and or its sponsors may utilize photographs of the member, which may be taken during involvement in Vero Fitness program or activities. I consent to such uses & hereby waive all rights to compensation.

EMERGENCY AUTHORIZATION: I, the undersigned (or as parent or guardian of the member, a minor), hereby authorize the staff of Vero Fitness or its sponsors and/or volunteers, coaches, trainers, activity supervisors, instructors and vehicle driver as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital or by licensed medical personnel. Vero Fitness staff will NOT medicate children. Parents/guardians are ENTIRELY responsible for medications and for personally arranging for or ensuring the proper and timely medication of their children.

Vero Fitness Photograph/Video Release

I give permission for my child listed above to be photographed or videotaped while at Vero Fitness. I understand that the staff will use discretion and judgement in allowing any photographs or video to be taken and that images of my child may appear in or on Vero Fitness' brochures, advertisements, the club website or Club's social media pages. I consent to such uses and hereby waive all rights to compensation.

NOTE: Your signature acknowledges that you have read and accept the policies of the Vero Fitness as described above. Please call the Club at 772-567-1400 if you have any questions.

THIS REGISTRATION WILL NOT BE ACCEPTED UNLESS SIGNED BY PARENT/GUARDIAN.

Date Signed

Signature of Parent/Guardian

Printed Name of Parent/Guardian

I agree to abide by the rules and regulations of Vero Fitness

Date Signed

Signature of Child

Printed Name of Child