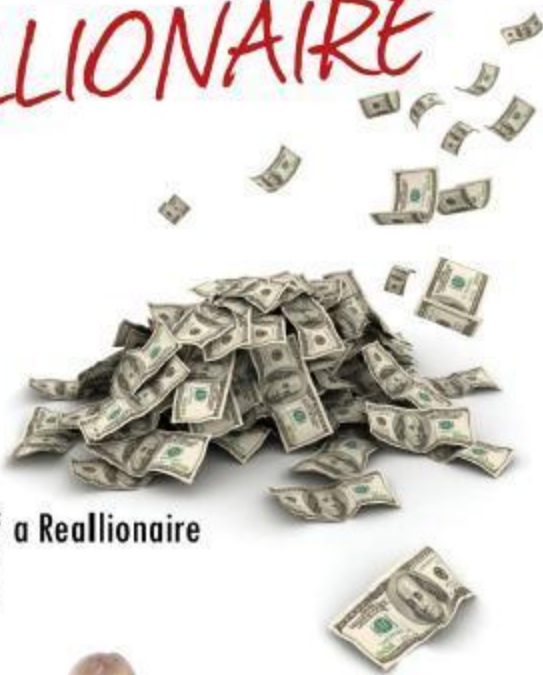


YOUTH & MONEY

HOW TO RAISE A ~~MILLIONAIRE~~

REALLIONAIRE

The Business Center is partnering with Summer Fit Camp to offer entrepreneurship & fitness; the program culminates with a presentation of a business plan.



YOUTH WILL:

- Write a Business Plan & Learn the Meaning of a Reallionaire
- Set a Goal to Purchase an Item (\$15 or lower)
- Engage in Hands on Learning Experiences
- Learn How to Save & Budget Money
- Create a Millionaire Savings Chart
- Engage in Fitness Activities
- Play Water Sports
- Gain Sales Skills



215-247-2473

MONDAY - FRIDAY

9:00am - 3:30pm: \$185

9:00am - 6:00pm: \$200

AGES 7 TO 12

SPACE IS LIMITED!

THE BUSINESS CENTER

For Entrepreneurship & Social Enterprise

NEW COVENANT CAMPUS, 7500 GERMANTOWN AVE.,
ELDERS HALL, SUITE 113. PHILADELPHIA, PA 19119

AUGUST 17-21, 2009

The Business Center for Entrepreneurship and Social Enterprise Registration Form

Child's Name	Date of Birth	Age	Grade	M	F
()	()	()	()	Sex	
Parent's/Guardian's Name	Cell Phone	Parent's/Guardian's Name	Cell Phone		
()	()	()	()		
Home Phone	Work Phone	Home Phone	Work Phone		
Address	Address				
City, ST ZIP Code	City, ST ZIP Code				

Alternative Emergency Contacts

Primary Emergency Contact and Relationship	Secondary Emergency Contact and Relationship
()	()
Home Phone	Cell Phone
()	()
Home Phone	Cell Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

Limitations/Restrictions (activity or diet)

Is participant taking medication we should be aware of? ____Yes ____No

Medication: _____ Dosage: _____ Time: _____

Medication: _____ Dosage: _____ Time: _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
-------------------------------	------

Dismissal Information

My child will be picked up at: ___3:30 PM or ___6:00 PM or my child may walk home at ___3:30 PM or ___6:00 PM

The following people are authorized to pick up my child (Photo ID will be required):

Name	Relationship
------	--------------

Name	Relationship
------	--------------

There will be a \$5.00 charge per five minute increment for late pick ups

How did you hear about the program? ___ flyer ___ website ___ newspaper ___ friend ___ other(explain)

Parent/Guardian's Signature	Date
-----------------------------	------

WAIVER AND RELEASE

I agree that if I allow my minor child(ren) participate in The Business Center Youth and Money Camp or use the Event facilities or Event premises, I do so at my own risk. I agree that I and my child(ren) are voluntarily participating in the Event and using Event facilities or premises and assume all risk of injury, illness, damage or loss to me, my child(ren) or my property that might result, including, without limitation, any loss or theft of any personal property. I agree on behalf of myself and my minor child(ren) (and our personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge The Business Center (and its affiliates, employees, agents representatives, successors, and assigns) from any and all claims or causes of action (known or unknown) arising out of their negligence. This Waiver and Release of liability includes without limitation, injuries which may occur as a result of (a) participation in The Business Center Youth and Money Camp; (b) The 'Business Center for Entrepreneurship and Social Enterprise Youth and Money Camp, its parents' and affiliates' improper or negligent maintenance, conduct, instruction or supervision of the Event, Event facilities, premises or personnel; (c) or slipping and/or falling while using the Event facilities or surrounding premises.

I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability. By my signature below, I am waiving any right that I may have to bring legal action to assert a claim against The Business Center for Entrepreneurship and Social Enterprise, its parents, and affiliates for their negligence.

PARENT/GUARDIAN SIGNATURE:	DATE
----------------------------	------

Youth and Money Camp

MEDICAL HISTORY FORM

CAMPER INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL
ADDRESS				
CITY		STATE		ZIP
HOME PHONE		DATE OF BIRTH		GRADE SEPT 2007

PARENT/GUARDIAN SECTION

To be completed by the parent

	YES	NO		YES	NO
Any past injuries?			Presently taking any medications?		
Fainting or dizziness while exercising?			History of head injury?		
Allergies			Significant past illness?		
Asthma?			Orthodontia (braces)		
Wears glasses/contact lenses?			Any ongoing medical problems?		
Past surgical procedures?			Seizures?		
Any hospitalization?			Bone/joint problems?		
Last tetanus (date):					

COMMENTS ON ANY YES:

PARENT/GUARDIAN SIGNATURE		DATE
---------------------------	--	------

PHYSICIAN'S SECTION

To be completed by the physician only

HEIGHT:		BLOOD PRESSURE:	
WEIGHT:		PULSE/HEART RATE:	
	Normal	Comments	
General Condition			Normal
Skin			Comments
Ears			
Eyes			
Nose			
Throat			
Mouth/Dental			
Cardiovascular			

ADDITIONAL COMMENTS:

ADDITIONAL COMMENTS:		
----------------------	--	--

I approve the above named child to attend Youth and Money Camp (circle one)	YES	NO
---	-----	----

PHYSICIAN SIGNATURE	Date
---------------------	------

PRINT NAME	TELEPHONE
------------	-----------