

# Spring Day Camp 2010

## Registration/Emergency Information Form

(Class or event): Spring Day Camp

Child's name (first and last): \_\_\_\_\_ Grade: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Name all persons age 18 or older who may pick up child or be called in emergency (circle choice)**

<u>Name</u>	<u>Relationship</u>	<u>Day Phone</u>	<u>Emerg.</u>	<u>Regular Pickup</u>
_____	_____	_____	Y or N	Y or N
_____	_____	_____	Y or N	Y or N

Physician/Dentist to be called, if needed, in emergency (we will call 911 when necessary)

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Medical Insurance: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

Allergies, limitations or dietary restrictions: \_\_\_\_\_

Other i.e. fears, common behaviors, custody situations: \_\_\_\_\_

\*\*\*\*\*PLEASE FILL OUT WAIVER AND RELEASE ON NEXT PAGE\*\*\*\*\*

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**There is a \$25.00 fee for all returned Checks**

Office Use: Check # \_\_\_\_\_ Date on Check: \_\_\_\_\_ Cash Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_

AMADOR COUNTY RECREATION AGENCY

WAIVER, RELEASE AND INDEMNITY AGREEMENT FOR MINOR

ACTIVITY: Spring Day Camp

In consideration of the minor child being permitted by the Amador County Recreation Agency ("ACRA") to participate in the above described activity, I, the undersigned, hereby waive, release, and discharge in advance any and all claims for damages for personal injury, death, or property damage which said minor child may sustain or which may occur as a result of the minor child's participation in said activity. This release is intended to discharge in advance ACRA, its officers, employees, volunteers, or agents from and against any and all liability arising out of or connected in any way with the participation of the minor in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of ACRA, its officer, employees, volunteers, or agents.

I understand that the described activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above-described activity; and that participants in the described activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless I agree to assume all risks of injury and to release and hold harmless ACRA, its officers, employees, volunteers, or agents who through active or passive negligence or carelessness might otherwise be liable to me or said minor child. It is further understood that this waiver, release and assumption of risk is to be binding on the heirs and assigns of said minor and the undersigned.

I further agree to indemnify and to hold ACRA, its officers, employees, volunteers, and agents free and harmless from any loss, liability, damage, cost or expense, including attorneys' fees, associated with or arising from said minor's participation in the described activity.

I certify that I have custody or am the legal guardian of said minor by court order. I hereby give my consent that in the event said minor requires medical or surgical treatment while under the supervision of said ACRA's recreation personnel in connection with the described activity, such supervisor may authorize treatment. I also agree to pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment.

**I have carefully read this Waiver of Liability, Medical Release, and Indemnification Agreement, and fully understand its contents. I understand and agree that if I am signing this Agreement on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf. I am aware that this is a release of liability and a contract between me and ACRA and I sign it of my free will.**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

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

Print Name of Parent/Guardian: \_\_\_\_\_

**Media Release:** I give ACRA permission to photograph my child as a participant in an ACRA activity and to reproduce any such image of my child. I understand this his/her likeness may be reproduced in part or whole for the purpose of on-going program promotion. I release ACRA from any obligation to compensate me, or any party acting on my behalf for the use of the above-mentioned media.

Signature: \_\_\_\_\_