

SUMMER CAMP REGISTRATION AND LIABILITY WAIVER FORM

Participant's Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Gender: _____

Parent/Guardian Name(s): _____

Address: _____

Phone: _____ Email: _____

Emergency Contact Information

Name: _____

Relationship: _____

Phone: _____

Health Information

Allergies (if none, write 'None'): _____

Current Medications (if none, write 'None'): _____

Chronic Conditions (if none, write 'None'): _____

Physician's Name: _____

Physician's Phone: _____

Medical Authorization

I authorize the Summer Camp staff to obtain medical treatment for the participant in case of illness or injury and agree to hold harmless and indemnify the camp, its employees, and agents for any treatment provided. I understand that I will be notified as soon as possible in case of emergency.

Liability Waiver and Release

I acknowledge that participation in Summer Camp activities involves inherent risks, including but not limited to physical injury, illness, or property damage. I voluntarily assume all such risks and agree to release, waive, and forever discharge the camp, its directors, officers, employees, agents, volunteers, and representatives from any and all liability, claims, demands, or causes of action arising from or related to any injury, loss, or damage sustained by the participant, including but not limited to negligence on the part of the camp. This waiver is binding to the fullest extent permitted by law.

Code of Conduct Agreement

The participant agrees to abide by all camp rules and regulations. Failure to comply may result in dismissal from camp without refund. The camp reserves the right to enforce any disciplinary measures deemed necessary for the safety and well-being of all participants.

Photo and Video Release

I grant permission to the Summer Camp and its agents to take photographs and videos of the participant during camp activities for use in promotional materials, including but not limited to brochures, websites, and social media. I understand that no compensation will be provided for such use.

Transportation Authorization

I authorize the participant to be transported by the Summer Camp or its authorized agents in camp vehicles or transportation arranged by the camp for camp-related activities and emergencies.

Parental or Guardian Consent

I certify that I am the legal parent or guardian of the participant and have the authority to enter into this agreement. I have read and understood all sections of this form and agree to all terms and conditions herein.

Acknowledgment and Signature

By signing below, I acknowledge that I have read, understand, and agree to the terms of this Summer Camp Registration and Liability Waiver Form.

Parent/Guardian Signature

Date

Print Name:

Signature: _____

Date: _____

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