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| **Please return forms as soon as possible so we are able to effectively prepare a wonderful program for your child!**  **Please note that these forms must be completed and signed by either the child’s parent or legal guardian.** | | | | |
| **General Information** | | | | |
| **Child’s Last Name:** | | **Child’s First Name:** | | |
| **Please indicate your child’s current grade level:** *(Check one)*  8th Grade and older  6th & 7th Grade  4th & 5th Grade  2nd & 3rd Grade  1st Grade | | | | |
| **Child’s Date of Birth**: | | **Child’s Age:** | | **Sex:** Male  Female |
| **Address:** | | **City:** | | **State:** |
| **Week of Camp (circle): WEEK 1 WEEK 2 WEEK 3 WEEK 4 WEEK 5 WEEK 6 WEEK 7** | | | | |
| **T-Shirt Size:**  Child S  Child M  Child L Child XL  Adult S  Adult M  Adult L Adult XL | | | | |
| **Emergency Contact Information and Consent** | | | | |
| **Parent/Guardian’s Name:** | | | | |
| **Parent/Guardian’s Email:** | | | | |
| **Parent/Guardian’s Home Phone:** | | **Parent/Guardian’s Cell Phone:** | | |
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|  | |  | | |
| **Emergency Contact Information:** Other than parent/guardian listed above. To be used only if parent/guardian cannot be reached. Also, please indicate if they have permission to pick up your child/minor at the end of the camp day. | | | | |
| **Name:** | | | | |
| **Relationship:** | **Phone:** | | **Pick-up Permission:** Yes  No | |
| **Name:** | | | | |
| **Relationship:** | **Phone:** | | **Pick-up Permission:** Yes  No | |
| **Emergency Medical Consent:**  If my child/minor needs emergency medical care and no one can be contacted, I give my consent for the transportation of my child/minor by ambulance and for the administration of any treatment deemed necessary by licensed medical personnel.  Yes, I grant permission  No, I do not grant permission | | | | |

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| **Medications** | |
| Your child/minor must be able to self-administer any necessary medication. ***Codey Arena will not administer medications*** ***of any kind***. Please indicate below the medication(s) your child will bring to camp and the time(s) that you wish your ***child/minor to be reminded*** to take the medication. | |
| **Medication(s):** | **Taken For:** |
|  |  |
| **Allergies:** *(Please indicate if an EpiPen is required)* | |
| **Individual Health Issues or Needs Information** | |
| Please indicate any information Codey Arena should be aware of including individual health issues, dietary restrictions, special needs, accessibility, behavioral concerns, and/or information deemed important. We would like to best accommodate your child/minor, being aware of any individual needs allows us to make arrangements for accessibility, additional staffing, etc. This information is used solely for the purpose of providing a better educational and enjoyable camp experience for your child/minor. | |
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| **Photo Release & Complex Outings** | |
| I grant permission for my child/minor to walk to the Zoo, Mini Golf or Reservoir Walkway with the camp staff. I also grant permission for my child/minor to be photographed during Camp. I fully understand that these photos may be used for Camp advertising purposes without the child’s name.  Yes, I grant permission  No, I do not grant permission | |

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| **SKATER’S NAME:** |
| **EVENT – SUMMER CAMP 2019** |

I attest that all information provided in this form is true and correct to the best of my knowledge.

I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I or my child/minor may have, or which hereafter accrue to me or my child/minor, against the County of Essex or the Essex County Codey Arena as a result of my, my child or minor’s participation in the above listed Event. I realize that accidents and injuries can arise out of the Event, and accordingly, this release is intended to discharge the County, its trustees, officers, employees, commission members, and volunteers, and any public agencies from and against any and all liability arising out of or connected in any way with our participation in the Event. This waiver and release is binding upon my heirs and assigns.

I acknowledge that I have been fully informed of the risks and dangers involved in this activity. I acknowledge that I have read, agree, and fully understand the above Warning, Waiver, and Release of Liability. I further acknowledge and agree that the reasons for my being requested to sign this Release have been fully explained to me and I understand them. If any provision, including any exception, part, phrase, or term, or the application thereof to any person or circumstance is held invalid, the application to other persons or circumstances shall not be affected thereby and the validity of this waiver in any and all other respects shall not be affected thereby.

I am signing this instrument of my own free will and I have not been influenced or coerced by any representative or employee of the County of Essex or the Essex County Codey Arena.

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| **PARENT/GUARDIAN SIGNATURE** | **DATE** |
|  |  |
| **ARENA CAMP STAFF** | **DATE** |

Stephen Ruggiero Anna Serpa Rosie Tovi

Arena Director Arena Manager Summer Camp Director

(revised Feb 2019)