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| **10% DISCOUNT FOR MORE THAN ONE SIBLING REGISTERING FOR CAMP** |
| **General Information** |
| **Child’s FIRST Name:**   | **Child’s LAST Name:** |
| **Child’s Date of Birth**: | **Child’s Age:** | **Sex:** Male [ ]  Female [ ]   |
| **Address:** | **City:** | **State:** |
| **CAMP COSTS:****Circle Week: WEEK 1 WEEK 2 WEEK 3 WEEK 4 WEEK 5 WEEK 6** **6/29-7/3 7/6-7/10 7/13-7/17 7/20-7/24 7/27-7/31 8/3-8/7****Circle Cost: FULL DAY WEEK - $425.00 HALF DAY WEEK - $300.00**  **2 DAY FULL DAY - $200.00 3 DAY FULL WEEK - $300.00 4 DAY FULL WEEK - $400.00** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Program Total Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Card Check Cash** |
| **SKATER LEVEL: Current Coach: T-Shirt Size:**   |
| **Emergency Contact Information and Consent** |
| **Parent/Guardian’s Name:** |
| **Parent/Guardian’s Email:** |
| **Parent/Guardian’s Home Phone:** | **Parent/Guardian’s Cell Phone:** |
| **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 2020** |

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**   |

Rachel Bulmer Stephen Ruggiero Anna Serpa

Camp Director Arena Director Arena Manager

(revised Feb 2020)