

2016 Camp Fremont Registration Form

Child:
First _____ Middle _____ Last _____ Gender: Male ___ Female ___
Last Grade Completed _____ Birth date ____/____/____ Age (as of July 11, 2016) _____

Parent/Guardian - Contact Information

Parent/Guardian #1

Check who is the main contact _____

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Cell Phone _____ Work Phone _____
Home phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian - Contact Information

Parent/Guardian #2

Check who is the main contact _____

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Cell Phone _____ Work Phone _____
Home phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Emergency Contact Information/ Alternate Pickup/Release

A photo ID must be available for presentation at time of release.

I, the undersigned, hereby grant permission for the following people to pick up my child: _____
(initial)

Emergency Contact #1

First Name _____ Last Name _____ Cell Phone _____ Work Phone _____
Home Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Cell Phone _____ Work Phone _____
Home Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Camp Fremont staff members may release my child to anyone listed above and allow them to sign my child out of camp.

Parent Signature: _____ Date: _____

Authorization for Child to Sign Self Out

I, the undersigned, hereby grant permission for Camp Fremont staff members to allow my child to sign themselves out. They will be walking or biking home with my permission. I understand and accept the risks of allowing my child to do so. Camp Fremont is located in a high traffic area which could pose hazards to my child.

Parent Signature: _____

_____ My child may NOT sign themselves out from camp.
(Initial)

My Child's T-Shirt size is:

(CHECK:) YOUTH _____ ADULT _____ (CIRCLE:) SMALL MEDIUM LARGE XLARGE

My child IS / IS NOT a good swimmer and comfortable around water. Please circle one and initial: _____

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Medical Release Information

Insurance Information Policy Number _____

Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should EMS be called?</u>
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I hereby give Fremont Parks and Recreation Personnel permission to dispense the following medication to my child:

I hereby give permission for Fremont Parks and Recreation Personnel to give my child first aid when necessary or in the event of a more serious accident, for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child. I understand that the Town of Fremont and Camp Fremont will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent Signature: _____ Date: _____

Photo Release

I hereby give permission for my child to be photographed while attending Camp Fremont. I understand the photos may be used for flyers, brochures, newspapers, newsletters, the Fremont Annual Town Report, the Town of Fremont website and/or Facebook. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Camp Fremont.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Camp Fremont** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

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I/We the parent of the above named, hereby give our approval to our child's/children's participation in all the activities, and further, I/We agree to assume all liabilities incidental to the risks and hazards regarding our child's /children's participation in all Recreation Department activities including the transportation to and from the activities, and further, I/We do agree to RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Town of Fremont (Hereinafter TOWN) and its Parks and Recreation Department, their agents and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death the named participants, whether caused by the negligence of the TOWN and its PARKS AND RECREATION DEPARTMENT, its agents and employees or otherwise while the named participants participate in activities at the Fremont Memorial Ballfields and Park and within the summer recreation program. I/We further agree to indemnify TOWN and its PARKS AND RECREATION DEPARTMENT, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the TOWN and its PARKS AND RECREATION, their agents and employees become legally obligated to pay including reasonable attorney's fees and costs, as a result of claims, demands, costs or judgements, against the TOWN and its PARKS AND RECREATION DEPARTMENT, their agents and employees on account of injury to the persons or property or resulting in the death of the named participants whether or not caused by the negligence of the TOWN and its PARKS AND RECREATION DEPARTMENT, their agency or employees and whether or not such liability is sole, joint, or several. I/We am/are aware that participation in this program may present a strain on my child's/children's body, or its parts and therefore I represent to the TOWN and its PARKS AND RECREATION DEPARTMENT that to the best of my knowledge, they are in proper physical condition to participate and that I/We assume risk of them participating. I/We understand that the above program involves traveling to various activity sites. I/We will accept full responsibility for their transportation to and from these activities and I/We release, indemnify and hold harmless and persons providing such transportation. I/We, the undersigned, have read this release and understand all its terms. I/We execute it voluntarily and with full knowledge of its significance. I/We have executed this release on this date indicated next to my/our names.

Child/Children's Name(s): _____

Parent/Guardian Signature: _____ Date _____

Printed Name of Parent/Guardian: _____