

Woo Summer Camp 2021

REGISTRATION FORM

Camper's Name: _____ M: ____ F: ____ Birthday: _____

Sibling's Name: _____ M: ____ F: ____ Birthday: _____

Address: _____

Mother's Name: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____

Father's Name: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Authorized adults who may pick up your child: _____

Known allergies we should be aware of: _____

Any medication your child is taking: _____

Please check the weeks your child will be attending:

June 7-11:___ June 14-18:___ June 21-25:___ June28-July 2:___ July 5-9:___

July 12-16:___ July 19-23:___ July 26-30:___ Aug 2-6:___

Total number of weeks ___ x \$200 = \$_____ Total Due

Sibling discount of \$50.00 a week when registering more than one child per family per week

Sibling discount is not applied to day rates

Please complete both sides of form.

WAIVER

In consideration of being allowed to participate in any way in Alice Noble Ice Arena (ANIA) Programs, related events and activities, the undersigned acknowledges, understands and agrees that:

1. The risks of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules equipment and personal discipline may reduce the risk, the risk of injury does exist.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS INHERENT TO THIS AND ALL RELATED ACTIVITIES AND I ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION.
3. I willingly agree to comply with the stated and customary terms and conditions for participation.
4. I, for myself and on behalf of heirs, assigns personal representatives and next of kin, HEREBY *RELEASE AND HOLD HARMLESS THE ALICE NOBLE ICE ARENA (ANIA), their officers, instructors, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and leasers of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property.*
5. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.
6. For Participants of Minority Age (under age 18 upon registering) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns and next of kin, I do also release and agree to indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

PHOTO RELEASE

I also give permission for my child photograph to be taken while participating at the ANIA, and their activities to be used for the purpose of publicity. These photos may be used for programs brochures, media productions, advertisements or news articles by ANIA.

Signature of Parent or Guardian: _____ Date: _____

PARENT AUTHORIZATION FORM (If Legal Guardian(s), please indicate status.)

Parental permission or power of the guardian is required in hospitals for the following: X-rays and treatment following diagnosis, treatment of all injuries requiring sutures, dressings, medications and surgery. If the parents cannot be contacted, please call.

Emergency Contact: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Please list any disabilities, allergies, and/or participation restrictions:

Name of Doctor: _____ Phone: _____

Name of Dentist: _____ Phone: _____