

STEVENS PARK SUMMER RECREATION PROGRAM REGISTRATION FORM

Child's Name _____ Birth Date _____ Age _____

Parent or Guardian Name _____

Address _____

Home Phone # _____ Cell # _____ Work # _____

Email address _____

Allergies if yes, please specify: _____

I do _____ do not _____ give my child permission to leave during camp hours.

In case of emergency, notify:

Name _____ Name _____

Address _____ Address _____

Phone # _____ Phone # _____

RELEASE OF LIABILITY/PHOTO RELEASE

As parent or legal guardian of the above named child, I certify that said child has my permission to attend and participate in the Poolesville Summer Recreation Program. In signing this form, I hereby waive and release all other participants, the host, sponsors, and all other officials or parties involved in the recreation program. I also hereby grant the authorities the unconditional right to use the name, voice, and photographic likeness of the above named child in connection with any of their articles or press releases, but not as endorsement.

I understand that said child is enrolled for instruction and experience in sports, games, and crafts and is expected to be a participant in the planned activities. It is further understood that any child who excuses him or herself from the activities is expected to "sit-out" completely for the duration of the session. Parents are responsible for any damage done by the youngsters absenting themselves from the activities.

Signature: _____

(Parent/Legal Guardian)

Date: _____

TOWN OF POOLESVILLE

PARENTAL APPROVAL FOR FIELD TRIPS TO WESTERN MONTGOMERY COUNTY POOL

DIRECTOR: CATHY BUPP

DATES: JUNE 23, JUNE 30, JULY 7, JULY 14, JULY 21, JULY 28, AUGUST 4

DESTINATION: WESTERN MONTGOMERY COUNTY POOL

COST PER CHILD: \$4.00 PER CHILD – UNLESS PARENT PROVIDES AN ORIGINAL POOL PASS.

TRANSPORTATION: PRIVATE VEHICLES DRIVEN BY STAFF AND PARENT VOLUNTEERS.

TIME OF DEPARTURE: 11:30 AM

TIME OF RETURN: 3:00 PM

WRITTEN PERMISSION IS REQUIRED FOR ALL FIELD TRIPS. NO VERBAL PERMISSION WILL BE ACCEPTED.

CHILD'S NAME

PARENTS NAME

EMERGENCY PHONE

DO YOU GIVE PERMISSION FOR THIS CHILD TO GO ON THE ABOVE STATED FIELD TRIPS?

YES _____

PARENT'S SIGNATURE AND DATE _____

JULY 13 – 17, 2009

WEEK 4

Please advise which activity your child will be participating in:

Regular Camp Activities
(Flag football, Lacrosse)

Cheerleading Camp

***Skateboarding Camp**

*Skateboards, helmets and kneepads not provided. Attached waiver must be signed by parent in presence of Town Employee or Adult Camp Staff.

Child's name: _____

Parent's Signature: _____

**TOWN OF POOLESVILLE
SUMMER RECREATION/SKATEBOARD CAMP
RELEASE AND WAIVER AGREEMENT**

**TO BE SIGNED BY PARTICIPANT AND PARENT/LEGAL GUARDIAN IN THE
PRESENCE OF A TOWN EMPLOYEE**

I am fully aware of the fact that there are special dangers and risks inherent in the activity of skateboarding, including the risk of serious physical injury, death or other consequences that may arise or result directly from skateboarding. Being fully informed as to these risks and in consideration of being allowed to participate in skateboarding activities at the Summer Recreation/Skateboard Camp, I hereby assume all risks of injury, damage and liability arising from such activities and hereby release the Town of Poolesville Government its officers, officials, employees and agents from liability for an injury, loss or damages which I may incur, including death, and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my voluntary participation in the activity of skateboarding.

This waiver and release shall be binding upon the participant, his/her parents, their distributes, heirs, next of kin and personal representatives.

In signing the foregoing Assumption of Risk, Waiver and Release each of the undersigned hereby acknowledges and represents:

1. That the age as stated below is his/her correct age, and that both participants and his/her parents are of sound mind.
2. That he/she or they have read the foregoing Assumption of Risk, Waiver and Release, and signs below voluntarily.
3. The undersigned hereby understands that this is a Release, and that the undersigned are hereby giving up every right he/she or they have to recover for any injury, damage, or death occurring as a result of participating in the camp activities.
4. That the participant and parents in consideration of the Commissioners of the Town of Poolesville granting the permission hereinbefore described, do hereby expressly stipulate and agree to indemnify and hold forever harmless the "Town", its successors and assigns, against any loss from any and all claims, demands or action in law or equity that may hereafter at any time be made or brought by the participant, or brought by anyone on behalf of said participant for the purpose of enforcing a claim for damages on account of any injuries received or sustained in consequence of the participant's actions.

5. I further agree to require said minor to wear all safety equipment necessary (helmet, knee pads and elbow pads).
6. Additionally, participant consents to the Town's use of photographs taken.

Witness the hands and seal of the participant and his/her parents.

As of the _____ day of _____, 2009:

Participant's Printed Name _____

Date of Birth _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Emergency Contact Number _____

Participant Address _____

Signature of Town Employee

Date