



Hallett Center of Crosby Registration Form and Waiver

Information

Participant Name _____ Male ___ Female ___ DOB ___/___/___ Age _____

Allergies/Special Conditions _____ Shirt Size _____

Main Contact

Is Parent/Guardian a Hallett Center of Crosby Member ___Yes ___No

Name _____

Phone _____ Email _____

Emergency Contact & Phone _____

Additional Person(s) Authorized To Pick Up Your Child

***Your child will not be released to anyone else unless permission is given in writing by you, adults picking up your child may need to show a Photo ID*

Name _____ Phone _____

Name _____ Phone _____

Liability Release

I acknowledge and understand that participating in the selected activity and using the Hallett Center equipment creates a risk of injury for my child. In consideration for participating, I agree to defend and indemnify the Hallett Center, its employees and agents from all claims for damages arising out of my child's use of Hallett Center and his/her participation in Hallett Center programs. I further waive all claims against the Hallett Center, its employees and agents for cause of action present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the use of Hallett Center facilities and equipment. Participants registering hereby permit the taking of photos, audio, and videotape during the Hallett Center of Crosby activities for publication and use as the facility seems appropriate.

Emergency Medical Authorization

I give the Hallett Center of Crosby permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a certified staff member of the Hallett Center. I also give permission for my child to be transported by ambulance to an emergency center for treatment. I authorize the Hallett Center to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my child or ward if an emergency occurs when I cannot be located immediately. It is also understood that this agreement may only cover those situations which are true emergencies and only when I cannot be reached. I understand that the provider will take every effort to contact me and/or my designated emergency contacts. I will be responsible for payment of medical expenses.

To Back Side →

Kidz Kamp Registration

Please select what you would like to pay today:

****Due to COVID-19, we will not be offering extended check-out (5:30pm)****

****Full-time registrations only****

Member	Nonmember	CRMC	Session 1 June 1st-June 26th	Session 2 June 29th-July 24th	Session 3 July 27th-August 21st
<i>(Circle One)</i>					
Full Time			Cancelled		Not open at this time
			Cancelled		Not open at this time
\$15 Early/Late Check (7:00am-5:00pm)			Cancelled		Not open at this time

****Please fill in spaces with dollar amount****

<u>Prices per Session: Member</u>	<u>First Child</u>	<u>Additional Child</u>
Full-Time	\$315	\$236
Part – Time (12 days/session)	\$204	\$153

<u>Prices per Session: Non-Member</u>	<u>First Child</u>	<u>Additional Child</u>
Full-Time	\$340	\$255
Part – Time (12 days/session)	\$222	\$167

Session prices cover 7:30am-4:30pm, earlier or later times will have additional charges.

CRMC Prices available to CRMC employees upon request

Does the participant live with parent(s)/guardian(s) that work in medical, emergency response, or other essential careers with higher exposure to COVID-19?

YES

NO

****Make sure waiver form is completed and a check is present to hold the spot. All transactions will be ran on Monday, June 29th for session 2. We will not be accepting payment for Session 3 until a later date. Anyone registered in Session 2 will have a spot held for Session 3.**

Guardian Signature for Kidz Kamp Program

X _____
Signature of Parent or Guardian Date

Payment Received \$ _____ Date Received _____ Staff Initials _____