



Hallett Center of Crosby Kidz Kamp Registration Form and Releases

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.

Kidz Kamp Registration

Please select what you would like to pay today:

Member	CRMC <i>(Circle One)</i>	General Public	Session 1 June 1st-June 30th	Session 2 July 6th-July 30th	Session 3 August 2nd-August 27th
Full Time					
Part Time					
\$25 Early/Late Check 7:00-7:30 AM drop off and/or 4:30-5:00 PM pick up					

Please fill in spaces with dollar amount

Prices per Session

Full-Time

Part – Time (12 days/session)

First Child

\$350

\$250

Additional Child

\$300

\$200

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 your registration and release form are complete. Full payment

Guardian Signature for Kidz Kamp Program

X _____
Signature of Parent or Guardian Date

Payment Received \$ _____ Date Received _____ Staff Initials _____

Health History

Please check the appropriate answer to the following questions:

1. Does your child have allergies? * Yes No
2. Diet Restrictions? Yes No
3. Can your child participate in all activities? ** Yes No
4. Is your child taking medication? *** Yes No
5. Are you taking your child off any medications? Yes No

If Yes, please explain: _____

**Participants with life threatening allergies requiring an accommodation maybe required to provide medical clearance documentation. Failure to comply may result in delay of participation.*

***If your child requires an ADA accommodation for their successful inclusion, please be sure to make a note of that on this form and provide a diagnosis and any other helpful information. Contact will be made with you from the Camp Coordinator.*

****If you child is taking medication please complete and submit the Permission to Dispense Medication Waiver / Release of ALL Claims Form and the Instructions for Dispensing Medication form.*

Has your child had:

- | | | | |
|----------------------------|--|---|--|
| 1. Measles | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Recent injury, illness or infectious disease | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Chicken Pox | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Chronic or recurring illness/condition | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. German Measles | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Heart defect/disease/murmur | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Mumps | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Eating disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Hepatitis A/B/C | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Diarrhea/constipation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Mononucleosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Wear glasses/contacts/protective eye wear | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Frequent ear infections | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Orthodontic appliance (e.g., retainer) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Hypertension (high blood pressure) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Emotional difficulties for which professional help was sought | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Seizures/convulsions | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Dizzy/passed out after physical activity | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Frequent headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Skin Problems (itching rash, acne) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Head injury/concussion | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

What are your child's likes, dislikes, fears or rewards that will help the staff to ensure success at camp?

X

Signature of Parent or Guardian

Date

Hallett Center of Crosby

Parent / Guardian Agreements

1. The Hallett Center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if requested by the Hallett Center.
2. The parent/guardian agrees to inform the Hallett Center within 24 hours or the next business day after their child or any members of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
3. My child has permission to participate in Hallett Center swimming activities; including but not limited to pools and water slide. I understand that there may not be a lifeguard present.
4. The parent/guardian authorizes the application of sunscreen and/or insect repellent and/or hand sanitizer supplied by the Hallett Center for his/her child by Hallett Center staff. I agree to supply a spray bottle of sunscreen and/or insect repellent and/or hand sanitizer with my child's name on it and that it will only be applied to the child whose name is on the bottle.
5. I understand that it is my responsibility to have my child picked up from camp following the camps hours and/or designated extended hours when applicable. I am aware that if I am not able to pick up my child, ward, or family member, I will arrange for an authorized adult to pick up my camper. I understand that if either myself or authorized adults pick up my child from camp, the Hallett Center will do everything deemed reasonable to get in contact with myself, or authorized adult, to arrange pick up. If the parent, or authorized adult, is not reached within 30 minutes of camp ending, the Hallett Center will request the assistance of the Crosby Police Department. If child is consistently left past pick-up times, a fee may be added, or participation may be terminated.
6. I have received the participation information handbook and understand that it is my responsibility to read and understand/be aware of ALL policies including Code of Conduct, Behavior Management, and Camp Absence forms as outlined in the Participant Handbook.

Swimming Ability:

Non-Swimmer
(unable to swim/no swim instruction)

Beginner
(limited swim instruction)

Intermediate
(average swimming ability)

Advanced
(skilled swimmer)

X _____

Signature of Parent or Guardian

Date

Hallett Center of Crosby

Kidz Kamp • Pool and Waterfront • Park Playground • Off-Site Activities

Participant Agreement, Release and Acknowledgement of Risk

In consideration of the services of the Hallett Center, their agents, owners, officers, volunteers, participants, employees, sponsors, and other persons or entities acting in any capacity on their behalf, I hereby agree to release and discharge the Hallett Center, on behalf of myself, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

1. I acknowledge that being in the water/waterfront, playground, and off-site activities entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, Hallett Center employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. Instructors may give inadequate warnings or instructions, and the equipment used might malfunction. I am aware that while there will be Hallett Center staff supervision, it does not necessarily mean a lifeguard will be present during water activities.
2. I expressly agree and promise to accept and assume all of the risks existing in these activities. My child's participation in these activities is voluntary and may elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Hallett Center from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in this activity or my child's use of Hallett Center equipment or facilities, including any such claims, which allege negligent acts or omissions of Hallett Center.
4. Should the Hallett Center or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage my child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to my child. I further certify that my child has no medical or physical conditions, which could interfere with their safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Hallett Center, their agents, owners, officers, volunteers, participants, employees, sponsors, and other persons or entities acting in any capacity on their behalf, on the basis of any claim from which I have released him or her herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Participants Name (printed) _____

Parent Name (printed) _____

X _____

Signature of Parent or Guardian

Date

Dispense Medication Waiver / Release of All Claims

****Only fill out if we need to dispense medication****

The Hallett Center of Crosby will not dispense medication to a minor child or other participants until Permission to Dispense Medication Waiver, Release of All Claims form and Instructions for Dispensing Medication form have been completed by a parent or guardian.

Permission to Dispense Medication Waiver / Release of All Claims

I, (please print your name) _____, the Parent/Guardian of (please print name of child attending), _____ give permission to the Hallett Center of Crosby program staff to administer to my child the medication(s) listed below. I understand that it is my responsibility to give the medication directly to Hallett Center Camp Coordinator with full instructions in its original prescription bottles. In all cases, medication dispensing can only be changed or modified by completing another Permission to Dispense Medication waiver / Release of All Claims form and Instructions for Dispensing Medication form. I hereby acknowledge that the above information for the dispensing of medication for my minor child, ward, or other family member is accurate. I also understand that it is my responsibility to inform the Hallett Center of Crosby of any changes in the dispensing of medication.

If after administering medication there is an adverse reaction, I give permission to the Hallett Center staff to secure from any licensed hospital physician and/or medical personnel and treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer medication, failing to observe side effects, failing to access and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of the Hallett Center Staff administering medication to my minor child, I do hereby fully release or discharge the Hallett Center of Crosby and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

X _____
Signature of Parent or Guardian Date

Instructions for Dispensing Medication

THIS FORM MUST BE COMPLETED FOR EACH SESSION OR WHEN MEDICINE CHANGES

Name of Program _____

Name of Participant _____ Age _____

Address _____

Name of Parent/ Guardian _____

Daytime Phone _____ Other Phone _____

Name of Doctor _____ Phone _____

Name of Medication _____

Dose _____ Time _____

Dispensing and Storage Instructions _____

Possible Side Effects _____

Name of Medication _____

Dose _____ Time _____

Dispensing and Storage Instructions _____

Possible Side Effects _____

Name of Medication _____

Dose _____ Time _____

Dispensing and Storage Instructions _____

Possible Side Effects _____

Other Consideration (nervousness, change in temperament, etc.) _____

I understand that it is my responsibility to give the medication directly to the Hallett Center of Crosby staff with full instructions in original prescription bottles. In all cases, medication dispensing can only be changed or modified by completing another, Permission to Dispense Medication Waiver and Release of All Claims form and Instructions for Dispensing Medication form. I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, ward, or family member is accurate. I also understand that it is my responsibility to inform the Hallett Center staff of any changes in the dispensing of medication.

X _____

Signature of Parent or Guardian

Date