

**Crash's Summer Adventure Camp
at Heritage Hills Athletic Club**

Registration Form 2019

Child

First _____ MI _____ Last _____ Gender: Male _____ Female _____
School Name _____ Grade (as of '19-'20 school year) _____ Birth date ____/____/_____
Street Address _____
Town/City _____ State _____ Zip _____ Child's Home Phone _____

Name(s) of siblings also attending camp: _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip _____ Cell Phone _____ Work Phone _____
E-mail _____

Parent/Guardian #2

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip _____ Cell Phone _____ Work Phone _____
E-mail _____

Child lives with: _____

Person responsible for payment _____

In case of emergency, please contact the following first: parent/guardian #1 parent/guardian #2

If parent/guardian cannot be reached, call:

Emergency Contact #1

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

Emergency Contact #2

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

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

1: _____ 2: _____ 3: _____

I hereby acknowledge that Crash's Summer Adventure Camp will assume that either parent of the child may pick up the child at any time during the program unless there is sufficient court documentation on file at Heritage Hills that indicates otherwise.

Parent/Guardian Initials _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____ Phone _____

Hospital Preference _____

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

Condition	Symptoms	Medication/Dosage	Special Instructions

Is your child presently being treated for an injury or sickness?

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 understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent/Guardian Initials _____

I understand that the Crash's Summer Adventure Camp, Heritage Hills Resort and its employees will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent/Guardian Initials _____

I give permission for Crash's Summer Adventure Camp staff to apply and/or reapply as necessary, sun lotion/bug spray that I provide for my child.

Parent/Guardian Initials _____

Child's Name _____

Please read each of the following policies and sign below to indicate your understanding of these policies.

PERMISSIONS

I hereby give permission for my child to be photographed during Crash's Summer Adventure Camp. I understand the photos may be used for camp activities/crafts, to share during presentations and/or reports, and for promotional purposes including flyers, brochures, newspaper, the website and social media channels for Crash's Summer Camp and/or other Heritage Hills Resort promotions. 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 Heritage Hills Resort and its affiliates.

Crash's Summer Camp, Heritage Hills Resorts and its employees are not responsible for lost or damaged personal property. All scheduled events are subject to change.

I permit my child to leave Heritage Hills Athletic Club with camp counselors, but not Heritage Hills Resort, to participate in camp activities such as mini-golf, or other areas. I understand that any Crash's Summer Camp activities planned off-site will require a permission slip in which I, as the parent or guardian, may/may not choose to sign.

PAYMENT POLICIES

Payments are due the Monday prior to the camp attending. A \$10 late fee will be assessed for payments received after Monday.

Outstanding balances owed for more than two weeks will incur an additional late fee of \$10 per week and will limit the camper's ability to attend camp.

Campers not picked up after 5:30pm will incur a late fee of \$5 per minute.

Should a payment not be honored by my bank, for any reason, I realize I am still responsible for payment, plus a \$25 service charged assessed by Crash's Summer Camp.

REFUNDS

I understand that non-attendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for illness or vacation. Refunds or credits given for other reasons are issued on a prorated basis. I understand that Crash's Summer Camp reserves the right to apply any credit due to other outstanding balances I may have incurred within Heritage Hills Resort. Refunds are issued within 30 days of cancellation. The registration fee is non-refundable.

MEDICAL TREATMENTS

Participants are responsible for their own accident insurance during Crash's Summer Camp and at Heritage Hills Resort.

Crash's Summer Camp does not normally administer any medication and will do so only when directed, in writing, but the child's parent/guardian.

Current copies of each child's immunization records must accompany this form.

PICK UP POLICY

I acknowledge that Crash's Summer Camp staff will assume either parent of the child may pick up the child at any time during the program unless there is sufficient court documentation on file.

LOST, STOLEN, or BROKEN ITEMS

I understand that Crash's Summer Camp and Heritage Hills Resort is no responsible for any personal items lost, stolen, broken, or damaged and anything brought to camp is done so at my own risk.

BABYSITTING

I agree that Crash's Summer Adventure Camp shall not be responsible and will be held harmless from any claims or liability in connection with such babysitting services.

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____