

HOOVER PARKS AND RECREATION SUMMER DAY CAMP REGISTRATION FORM 2017

Name of Participant _____ Age _____ DOB _____

Sex (Circle): M F Indicate your child's t-shirt size below.

T-Shirt Size (Circle)

Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Address _____

Hoover, AL Zip _____ School Attending _____

Mother _____ Work _____ Home _____ Cell _____

E-mail _____

Father _____ Work _____ Home _____ Cell _____

E-mail _____

Emergency Contact Person _____

Work _____ Home _____ Cell _____

Pediatrician _____ # _____ Hospital Preference _____

Allergies and Other Medical Information _____

Please check here if you need any accommodation in accordance with the Americans with Disabilities Act to participate in an activity/ program or to use any facility provided by Hoover Parks and Recreation. If an accommodation is needed, a member of our staff will contact you about how we can be of further assistance.

**Please List All Persons Authorized to Pick Up Your Child from Day Camp
(Parents need to be listed if they plan to pick up the child)**

<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>Please circle the weeks in camp you would like your child to attend:</p> <p>1 2 3 4 5</p> <p>6 7 8 9</p> <p>Parent/Guardian Initials: _____</p>	<p>For Office Use Only</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Registration #</td> <td style="width: 33%;">Activity</td> <td style="width: 33%;">Cash Check Credit</td> </tr> <tr> <td>145217-0__</td> <td>First Week</td> <td>Amt ____ CK# ____ Type ____</td> </tr> <tr> <td colspan="2"></td> <td>Receipt # _____</td> </tr> <tr> <td colspan="2"></td> <td>HH# _____</td> </tr> <tr> <td>Received Shirts</td> <td>Yes No</td> <td>Total _____</td> </tr> <tr> <td colspan="2">Staff Initials: _____</td> <td></td> </tr> </table>	Registration #	Activity	Cash Check Credit	145217-0__	First Week	Amt ____ CK# ____ Type ____			Receipt # _____			HH# _____	Received Shirts	Yes No	Total _____	Staff Initials: _____		
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SUMMERDAYCAMP

Play. Have Fun. Build Friendships.

2017

Important Information

The City of Hoover strives to conduct its recreation programs and activities in a safe manner and holds the safety of participants in the highest regard. Participants and parents registering their child in recreation programs must recognize however that there is an inherent risk of injury when choosing to participate in any recreation activities. The City of Hoover continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that the City of Hoover does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or family member/ward for a recreation program/activity should review their own insurance policy for coverage.

Due to the difficulty and high cost of obtaining liability insurance, the City of Hoover requires execution of the following Waiver and Release. Your cooperation is greatly appreciated.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering yourself and/or your ward to participate in this/these program(s), you will be waiving and releasing all claims of injuries, damages or loss, or claims your ward might sustain through participation in this/these program(s) listed below.

Summer Day Camp

As a participant or the parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I or my ward may sustain as a result of participating in any way associated with the activities of the program.

I further agree to indemnify, hold harmless, and defend the City of Hoover, its officials, agents, servants, representatives, employees and board members from any and all claims for injuries, damages or loss sustained by me or my ward arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize program officials to secure from any licensed hospital, physician and /or medical personnel any treatment deemed necessary of my or my ward's immediate care and agree that I will be responsible of repayment of any and all medical services rendered.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAM DETAILS, WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE TREATMENT.

Participant's Full Name _____ (print)

Signature of Participant or Parent/Legal Guardian (if participant is under 19 years of age)

Date