



Project Nature C.A.M.P
Creative Adventures & Magical Play

2023 REGISTRATION & LIABILITY WAIVER

Twenty-five children per session will be accepted on a first-registered basis.

Session #1 – Acorns (ages 5 – 7) June 26 -30 / 9:30 – 12:30

Session #2 – Oaks (ages 8 – 10) July 3, 5, 6, 7 / 9:30 – 12:30

Session #3 – Acorns (ages 5 – 7) July 10-14 / 9:30 – 12:30

Session #4 - Oaks (ages 8 – 10) July 17 – 21 / 9:30 – 12:30

Child's Last Name _____ Child's First Name _____

Child's date of birth _____ Child's age on June 26, 2023 _____

Parent/Guardian's name LAST _____ FIRST _____

Complete mailing address (#, street, town)

Parent/Guardian email _____

Session # First choice _____ Second choice ("none" is OK) _____

Child's special needs, restrictions, health issues, etc (use reverse if needed)

I give permission for my child to be photographed. I acknowledge those photographs could be used in grant applications, public presentations and social media. (Check one) YES _____ NO _____

MEDICAL INFORMATION:

Insurance Company: _____ Policy # or Group #: _____

Medication(s) child is presently taking: _____

Diagnosis, special needs (use reverse side if needed)

Date of Last Tetanus shot: _____

Past illness or other information that would be useful in the event that treatment is necessary: _____

EMERGENCY NUMBERS:

Father home: _____ Father work: _____

Father cell: _____

Mother home: _____ Mother work: _____

Mother Cell: _____

A phone number to call if parents cannot be reached:

Name: _____ Relationship: _____ Phone: _____

WAIVER OF LIABILITY

In consideration of (child's name) _____, being allowed to participate in all activities of the Project Nature C.A.M.P. program, the undersigned parent/guardian acknowledges and agrees:

1- Participating in the activities of Project Nature C.A.M.P. carries with it the potential risk of injury, as true of many types of outdoor play. As such, the undersigned hereby assumes the risk of such possible injury. I assume financial and legal responsibility for any injury or injuries suffered during participation in the above-mentioned camp. I am aware of the risks and assume the responsibilities associated with participation.

2- I hereby release, discharge and/or indemnify the non-profit parent organization, Project CoffeeHouse, its directors, coaches, sponsors, employees and associated personnel, including the facilities utilized for the camp, against any claim, loss, damage or other disability.

3- Project CoffeeHouse, its employees, directors and agents are not responsible for accidents and medical and dental expenses incurred as a result of participation in this program.

4- My child is covered by family/personal insurance and is in good health and able to participate in the physical activity of this program. In case of emergency, I grant permission to the director, assistants, or other persons responsible for his/her care to act on my behalf for said minor. I understand that should a medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such treatment deemed necessary.

5- For myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, I DO HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my child's involvement and participation in this program to the fullest extent permitted by law.

ALL SIGNATURE LINES ARE REQUIRED TO ASSURE REGISTRATION and COMPLIANCE:

I GIVE PERMISSION FOR MY CHILD TO ATTEND PROJECT NATURE C.A.M.P.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT IN FULL.

I HEREBY DECLARE THAT I UNDERSTAND ITS TERMS.

I FURTHER UNDERSTAND THAT I HAVE GIVEN UP MY RIGHTS BY SIGNING THIS DOCUMENT.

AS NEEDED, I AM WILLING TO READ/RESPOND TO COMMUNICATION FROM CAMP STAFF DAILY
