



SUMMER CAMP REGISTRATION FORM

Child's Information:

Child's Full Name			Nickname
Address			
City	State	Zip	Home Phone
School	Grade Entering	Age	Date of Birth
Other Schools / Programs Concurrently Attending			Gender
Campers T-Shirt Size: <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XL			

Parent/Guardian and Medical information: In the event of an emergency, please number, in order of priority (1-6), which phone to contact.

Parent/Guardian Name	Date of Birth	Cell Phone/Pager	Priority
Address			
City	State	Zip	Home Phone
Parent Email Address			
Place of Employment	Work Phone	Priority	

Parent/Guardian Name	Date of Birth	Cell Phone/Pager	Priority
Address			
City	State	Zip	Home Phone
Place of Employment	Work Phone	Priority	

Doctor's Name	Doctor's Phone
Medical Insurance Provider	Policy #

Emergency names, address and phone numbers of TWO people to be called in the event that we cannot reach either parent/guardian:

Emergency Contact Name	Cell Phone/Pager
Address	
City	State
Zip	Home Phone

Emergency Contact Name	Cell Phone/Pager
Address	
City	State
Zip	Home Phone

Additional Information:

Authorized Person for pick-up (in addition to parents and emergency contacts)



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Does your child have any allergies and/or intolerances to food, medication or any other substances? What are the symptoms and action to be taken if any?

What weeks will your child be attending: Please check the box next to the

<input type="checkbox"/>	WEEK 1:	Jun 4- Jun 8	<input type="checkbox"/>	WEEK 7:	Jul 9- Jul 13
<input type="checkbox"/>	WEEK 2:	Jun 11-Jun 15	<input type="checkbox"/>	WEEK 8:	Jul 16- Jul 20
<input type="checkbox"/>	WEEK3:	Jun 18-Jun 22	<input type="checkbox"/>	WEEK 9:	Jul 23-Jul 27
<input type="checkbox"/>	WEEK 4:	Jun 25-Jun 29	<input type="checkbox"/>	WEEK 10:	Jul 30- Aug 3
<input type="checkbox"/>	WEEK 5:	Jun 26-Jun 30	<input type="checkbox"/>	WEEK 11:	Aug 6- Aug 10
<input type="checkbox"/>	WEEK 6:	Jul 2- Jul 6 **Closed Jul 4 **			

The following information is important for the safety and protection of your child. Please read this information and sign below.

- I understand that my child will not be released to any person(s) not listed on the enrollment form.
- I understand that I am not to leave my child at the CHAT Summer Camp or program site unless a CHAT Camp staff member or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in the morning and sign my child out before leaving in the afternoon.
- Sign-in/Sign-out sheets are available as you arrive at the program area.**
- I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.**
- I have read and understand the statements above regarding CHAT policies and procedures.**

Parent/Guardian Signature	Date

ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the Cedar Hill Action Team's (CHATs) programs, events, classes, and/or other activities, which may result from accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that CHAT and the City of Cedar Hill and their employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness, death or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, horseback riding, archery, field trips, waterfront and pool activities, canoeing/boating, campfires, hiking, high ropes and other challenge courses, or any other activities, classes, events, or programs at and/or sponsored by CHAT. I expressly acknowledge, on behalf of myself and my minor child(ren) ad ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at Alan E Sims Recreations Center and/or sponsored by CHAT.

I also acknowledge that CHAT often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.



SUMMER CAMP REGISTRATION FORM

IN CONSIDERATION OF CHAT ALLOWING ME AND/OR MY MINOR CHILD(REN) OR WARD(S) TO ATTEND AND/OR PARTICIPATE IN ANY PROGRAMS, EVENTS, CLASSES, OR OTHER ACTIVITIES AT THE ALAN E SIMS RECREATION CENTER AND/OR SPONSORED BY CHAT, I HEREBY, FOR MYSELF, MY MINOR CHILD(REN) OR WARD(S), HEIRS, AND EXECUTORS, WAIVE, RELEASE AND FOREVER DISCHARGE CHAT AND THE CITY OF CEDAR HILL, AND THEIR OFFICIALS, EMPLOYEES, AGENTS, COUNSELORS, TEACHERS, TRAINERS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS, FROM AND AGAINST ANY AND ALL RIGHTS AND CLAIMS FOR ANY LOSS, DAMAGE, DEATH, ILLNESS OR INJURIES TO PERSON OR PROPERTY SUSTAINED AS A RESULT OF MY ATTENDANCE AND/OR PARTICIPATION AND/OR THE ATTENDANCE OR PARTICIPATION OF MY MINOR CHILD(REN) OR WARD(S) IN ANY SUCH PROGRAMS, EVENTS, CLASSES, AND OTHER ACTIVITIES, WHETHER OR NOT SUCH LOSS, DAMAGE DEATH OR INJURY RESULTS FROM THE NEGLIGENCE OF CHAT AND/OR THE CITY OF CEDAR HILL AND THEIR OFFICIALS, EMPLOYEES, AGENTS, SERVANTS OR REPRESENTATIVES OR FROM ANY OTHER CAUSE WHATSOEVER.

I FURTHER WAIVE ANY AND ALL RIGHTS TO INSPECT OR APPROVE THE PHOTOGRAPH, VIDEOTAPE, TELEVISION PROGRAM, MOTION PICTURE, TAPE RECORDING OR OTHER USE OF MY AND/OR MY MINOR CHILD(REN)'S OR WARD(S)' NAME(S) AND/OR LIKENESS(ES), INCLUDING ANY WRITTEN ARTICLE, SCRIPT, CAPTION OR OTHER WRITING THAT MAY ACCOMPANY SUCH USE OF MY AND/OR MY MINOR CHILD(REN)'S OR WARD(S)' NAME(S) AND/OR LIKENESS(ES). I HEREBY, FOR MYSELF, MY MINOR CHILD(REN) OR WARD(S), HEIRS, AND EXECUTORS, WAIVE, RELEASE AND FOREVER DISCHARGE THE CHAT AND ITS EMPLOYEES, AGENTS, COUNSELORS, TEACHERS, TRAINERS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS, FROM AND AGAINST ANY AND ALL LIABILITY, CLAIMS, LOSSES, COSTS, EXPENSES OR DAMAGES FOR LIBEL, SLANDER, INVASION OF PRIVACY, CONVERSION, DEFAMATION, APPROPRIATION OF LIKENESS OR ANY OTHER CLAIM BASED ON THE USE OF MY AND/OR MY MINOR CHILD(REN)'S OR WARD(S)' NAME(S) AND/OR LIKENESS(ES) IN ANY SUCH MATERIALS.

INDEMNIFICATION

I HEREBY REPRESENT AND WARRANT TO CHAT AND THE CITY OF CEDAR HILL THAT I HAVE THE AUTHORITY TO EXECUTE THIS PARTICIPANT WAIVER FORM ON BEHALF OF MYSELF AND/OR ON BEHALF OF MY MINOR CHILD(REN) OR WARD(S) AS PARENT, GUARDIAN AND/OR NEXT FRIEND. IN THE EVENT OF ANY MISREPRESENTATION OR BREACH OF THE FOREGOING WARRANTY BY ME, OR IN THE EVENT THAT I, MY MINOR CHILD(REN) OR WARD(S), OR ANY OTHER PERSON NEVERTHELESS ASSERTS ANY CLAIM AGAINST CHAT AND/OR THE CITY OF CEDAR HILL, INCLUDING THEIR OFFICIALS, EMPLOYEES, AGENTS, COUNSELORS, TEACHERS, TRAINERS, REPRESENTATIVES, SUCCESSORS OR ASSIGNS, ARISING OUT OF MY OR MY MINOR CHILD(REN)'S OR WARD(S)' PARTICIPATION IN ANY PROGRAM, EVENT, CLASS OR OTHER ACTIVITY AS SET FORTH HEREIN, I AGREE TO INDEMNIFY AND HOLD HARMLESS CHAT AND THE CITY OF CEDAR HILL FROM AND AGAINST ANY AND ALL LIABILITY, CLAIMS, LOSSES, COSTS, EXPENSES OR DAMAGES RESULTING THEREFROM, INCLUDING, BUT NOT LIMITED TO, CLAIMS OF LOSS, DAMAGE, ILLNESS OR INJURY TO PERSON OR PROPERTY WHETHER OR NOT SUCH LOSS, DAMAGE, ILLNESS OR INJURY RESULTS FROM THE NEGLIGENCE OF CHAT OR THE CITY OF CEDAR HILL, AND THEIR OFFICIALS, EMPLOYEES, AGENTS, COUNSELORS, TEACHERS, TRAINERS, REPRESENTATIVES, SUCCESSORS OR ASSIGNS, OR FROM SOME OTHER CAUSE.

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

Signature of Participant or Parent/Guardian

Date of

Participant(s) under the Age of 18

I, the undersigned, as the parent or legal guardian of the child named in this application, give permission for my child to participate in the CHAT Summer Camp, sponsored by the City of Cedar Hill and hereby assume full responsibility for all risk of injury which may result from my child's participation in this activity. I understand that the camp is high energy that engages campers in indoor and outdoor games and activities. I understand that through the camp week, campers will be transported off site for field trips and will utilize Dallas County Schools or a Transportation Company. I give permission to the Cedar Hill Parks and Recreation Department Camp Cedar Hill to transport my child off site for scheduled trips.

In the case of emergency and I (or my emergency contact) cannot be reached, I authorize the staff of Cedar Hill Parks and Recreation Summer Camp to obtain whatever medical treatment they deem necessary for the welfare of my child. I further



SUMMER CAMP REGISTRATION FORM

Cedar Hill Action Team

understand and agree that I will be financially responsible for all charges and fees incurred for the provision of said medical treatment.

I understand that my child is expected to act in a responsible and respectful manner according to the camp rules and guidelines. I understand that if my child should be expelled from the camp, that it is my responsibility to come and get my child from the camp within 2 hours.

I have read, understand, and will abide to the terms and conditions as written on this registration form and the CHAT Summer Camp Handbook as they relate to my child's participation with the Camp Cedar Hill Summer Day Camp Program.

Parent/Guardian Signature: _____ Date: _____

Insurance Company Info. (optional) _____ Policy #: _____

Insurance Company Phone (optional) _____