

Week of July \_\_\_\_\_

CONCORD TOWNSHIP PARK AND RECREATION

**SUMMER CAMP  
REGISTRATION FORM**

Name: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell or Work #: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Who would we contact in case of an emergency (other than the parent). Please give name, relationship, and phone number.

\_\_\_\_\_

**LIST:**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Special Needs: \_\_\_\_\_

In the event of a medical emergency, I authorize Concord Township to seek emergency medical care for my child as deemed necessary by the Camp Director.

Parent signature: \_\_\_\_\_

Child's Doctor & phone number: \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Co. & Group No. \_\_\_\_\_

\_\_\_\_\_

- Please advise Director of any changes in drop off or pick up
- If a discipline problem should occur, the parent will be called to come and pick the child up
- Concord Township will not be responsible for the item's left at camp (or lost)
- All activities will be held at 40 Bethel Road
- Please read and sign "Waiver of Liability" on page 2

**CHECK #** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TAKEN BY:** \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY**

I, \_\_\_\_\_ parent or legal guardian of

\_\_\_\_\_, in consideration of his/her participation in the Concord Township Summer Camp Program, assume all risk associated with my child's participation in the camp and hereby release and hold harmless the Township and its organizer(s) and their respective Director(s), Officer(s), Employee(s), Agent(s), Successor(s) and Assign(s), from and against any and all claims, damages, liabilities, costs, and expenses, including reasonable attorney's fees if any incur as a result of my Child's participation in the Summer Camp Program, including any injuries from any negligent acts of omissions on the part of Concord Township of its agents and Employees. I warrant that I am of legal age and that I have read and fully understand the terms of the Release.

Parent's name/s: \_\_\_\_\_

Name of child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENT OR GUARDIAN GUARANTEE**

I respect and warrant that I am the parent/legal guardian of the child named above, that I am of legal age and that I have read and fully understand the foregoing release and agree on behalf of my child and myself, our heirs, successors, assigns, and legal representatives to be bound by the terms thereof.

PARENT/LEGAL GUARDIAN \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_