2020 PRESIDENTS' DAY CAMP REGISTRATION FORM

_____ _____ _____ ___/___/_____ Home Phone: _____
Student's Name Sex Age D.O.B.

_____ _____ _____ _____ **Emergency:** _____
Street City State Zip Code

Are there any medical conditions or allergies we should be aware of? _____

Medical Insurance Co: _____ Policy Number: _____
Mom's Name: _____ Work Phone: _____ Cell Phone: _____
Dad's Name: _____Work Phone: _____ Cell Phone: _____
Please list any siblings, grandparents, or others who may visit KIDS CO-OP: _____
_____
How did you hear about KIDS CO-OP Developmental Center? _____
If you child were to appear in a group or individual photo taken by a KIDS CO-OP representative, would you allow photo to be used for advertising purposes (brochure, newspaper, internet, etc.)? ☐ Yes ☐ No

Emergency Contact Name: _____ Number: _____

Presidents' Day Camp Cost Information – Monday, February 17, 2020

Full Day - Per Day: Time: 9:00-4:00pm (lunch 12:00 – 1:00pm) Cost per Day: Non-Mem $60.00 - Members $50.00

½ Day – Per Day: Non-Member $40.00 * Members $35.00
Morning Session: ____ Time: 9:00-12:00pm
Afternoon Session: ____Time: 1:00-4:00pm

Yes, I will need extended care: 7:30am - 9:00am____ 4:00pm - 6:00pm___ please check what applies
Extended care rate: $5.00 per hour - $10.00 per day

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION FORMS

KIDS CO-OP Developmental Center recognizes our obligation to make our students and their parents aware of the risks and hazards associated with sports and/or activities involving heights and motion, including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading, and day camps. As legal guardian of _____ _____, I recognize that potentially severe injuries, including permanent paralysis or death can occur. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all KIDS CO-OP Developmental Center, Stardust Studios programs, camps and activities and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE KIDS CO-OP Developmental Center including without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents. KIDS CO-OP Developmental Center, its coaches, and or any staff members will not accept responsibility for injuries sustained by any and or all siblings of students and or all other persons observing or participating during the course of a class or open gym. In the event of an accident or emergency I would like my above-mentioned child to be taken to a hospital for medical treatment and I hold KIDS CO-OP Developmental Center and its representatives harmless in their execution of this action. Additionally, I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for KIDS CO-OP Developmental Center or StarDust Studios.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

_____ _____
Parent or Legal Guardian's Signature **Date**