



**ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION
For Camper To attend Nazareth Borough Pool**

2024

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**CHECKLIST FOR CAMP FORMS MUST BE REVIEWED, SIGNED
AND HANDED IN PRIOR TO ATTENDING CAMP.**

This letter is to confirm _____ (first and last name), will be transported via KIDS CO-OP bus or bus service to Nazareth Borough Pool unless otherwise informed. Pool trips are normally 11:30 am to 3:30 pm on the designated pool day. The pool is located on North Broad Street in Nazareth, just less than 5 miles from the gym. The Nazareth pool ranges from a 0-foot entrance to a 12-feet deep end. Campers must wear shoes or sandals from the time we leave the gym to arrival at the pool and again on the return trip from the pool to the gym. **No bare feet at any time outside of the pool area. All campers must bring their own sunscreen and wear it daily.** KIDS CO-OP staff will help to apply sunscreen with the cooperation of campers. Please send sunscreen to camp with your child every day. For campers who are new to swimming, or are not strong swimmers, it is recommended they wear a Coast Guard Certified life jacket (must have strap between legs - no arm floaties). Swim tests are administered and regulated by the pool staff on a pre-determined schedule. Please sign up your child if you would like them to swim test. If your child likes to swim with goggles, that is fine if they bring them, but there cannot be a nose piece attached. Please make sure their name is on towels, goggles, shoes/sandals, sunscreen.

You will also need to sign the below statement indicating that you will not hold KIDS CO-OP Developmental Center or driver of bus liable in the case of an accident.

I, _____ (first and last name), hold KIDS CO-OP Developmental Center harmless of and from any liability or responsibility with respect to any injuries involved in the transportation of my child, _____ (first and last name), from KIDS CO-OP Developmental Center to specified field trip. I understand, as with any vehicle there is a chance of danger. I voluntarily consent to the aforementioned person that I ACCEPT ALL RISKS with participation of my child being transported. 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.

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

Parent Name (printed): _____ **Signature:** _____ **Date:** _____

Emergency Contact Phone Number / Name of Contact Person: _____

Allergies or Restrictions: _____