

PLEASE CIRCLE SESSION: **SESSION I** **SESSION II** **SESSION III**

KIDS KAMP

Registration Form

Date: _____

PARENT'S INFO:

Parent #1 Name _____ Address: _____ Phone: _____

Employer: _____ Phone: _____

Parent #2 Name: _____ Address: _____ Phone: _____

Employer: _____ Phone: _____

E-Mail Address: _____

EMERGENCY CONTACTS/CHILD MAY BE PICKED UP BY:

Name: _____ Address: _____ Relationship: _____ Phone: _____

Name: _____ Address: _____ Relationship: _____ Phone: _____

Name: _____ Address: _____ Relationship: _____ Phone: _____

I give my permission for my children's photos/videos taken by participants to be used for newspaper release coverage or the City of Coolidge. Yes _____ No _____

In an emergency, the Kids Kamp staff may release my child to other individuals not listed above, upon my authorization. Yes _____ No _____

Does your child know how to swim? Yes _____ No _____ If not, they will be in the wader pool with staff during open swim.

Participant's Name	Age	Sex	Birthdate	Allergies/ Medications	Session	Fee

I understand that the City of Coolidge does not carry accident insurance for these programs and I hereby release and agree to hold the sponsors harmless from any claims for personal injury or property damage occurring because of the participation in the City of Coolidge Recreation program.

Signature of Parent/Payee: _____

Date: _____

Return form in person to:

City of Coolidge Parks and Recreation Office 351 N Arizona Blvd Suite 11* Coolidge AZ 85128