

PLEASE CIRCLE SESSION:

SESSION I

SESSION II

SESSION III

# KIDS KAMP

## Registration Form

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

**PARENT'S INFO:**

Mother's Name \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY CONTACTS/CHILD MAY BE PICKED UP BY:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for my children's photos/videos taken by participants to be used for newspaper release coverage for 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	Class	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: \_\_\_\_\_