DROP-IN DAYZ

2012-13 winter holiday camps

Information will remain confidential. If there is a particular concern that you wish to discuss, please schedule an appointment with Camp Director Cara Kennedy @ 281-210-3956 or ckennedy@thewoodlandstownship-tx.gov.

Camper Information:

Camper's Name(s): _____ Sex: M _____ F ____

Camper Date of Birth: _____ Current Age _____

Does your camper have any behavioral problems or difficulty getting along with others? Y ____ N ____

If yes, please explain. _____

Does your camper have any food allergies? Y____ N____ If yes, please explain. _____

_____

Will your camper be on any medication while attending camp? Y____ N____ If yes, please list medications. *(Staff will not administer medication. If there is a concern, please contact the camp director.)*

_____

Please provide the names of those who will be dropping off and picking up your child(ren) from camp?
*Names not listed will need a written note from parents to pick up.

_____

Parent/Guardian Information:

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (hm) _____ (wk or cell) _____

Email Address: _____

Emergency Contact Information:

Name: _____ Phone: _____

Name: _____ Phone: _____

WAIVER AND RELEASE FORM

In consideration of being allowed to participate in any way in any program, activity or event, (referred to herein as the "Program") sponsored by, performed by, or in any way involving The Woodlands Township, I, as Participant, or if Participant is a minor, as parent or guardian of the minor Participant (herein referred to as "I") and intending to be legally bound do hereby acknowledge and agree to the following:

1. I hereby waive, discharge, and release any and all rights and claims for damages whether based upon negligence or any other theory of law, which I, or my child, heirs, agents, representatives, or assigns may have against The Woodlands Township, and its affiliates, agents, representatives, assigns, or successors including, without limitation,: any officers, directors, shareholders, agents and/or employees of or associated with The Woodlands Township, the municipalities or counties in or through which the programs or events take place or are conducted, as well as any other person, entity or sponsor connected with the Program and any of their affiliates, agents, representatives, assigns, successors, officers, directors, shareholders, and employees, for any and all injuries or damages which I, or my child, may suffer while taking part in the Program.
2. I hereby assume any and all of the foregoing risks resulting from my, or my child's, participation in the Program and accept all personal responsibility for any resulting damage including, but not limited to, injury, permanent disability or death
3. I hereby verify that I, or my child, am/is in good physical health and able to participate in and/or complete the Program.
4. I hereby agree to indemnify and hold The Woodlands Township harmless from and against all liabilities for any injury which may be suffered by the Participant arising out of or in any way connected with his/her participating in the Program.
5. I have read and fully understood this Waiver and Release. I further understand that by participating in the Program, I/we will have waived substantial rights.
6. I have knowingly and voluntarily agreed to this Waiver and Release.

For parents of participants under the age of 18

I affirm and acknowledge that I, as parent/guardian with legal responsibility for the Participant, do consent and agree to his/her release as provided by the Waiver and Release herein.

Media/photo waiver

I hereby authorize and give my full consent to The Woodlands Township and their agents and assigns to take, copyright and/or publish any and all photographs, videotapes and/or film (the "Media") in which I, or my child, may appear while participating in the Program. I further authorize that The Woodlands Township to transfer, use or cause to be used, the Media in any exhibitions, public displays, publications, commercials, art and advertising purposes, without limitations or reservations.

_____

Printed Name of Participant

_____ _____

Signature of Participant, Parent or Legal Guardian Date