



# StarKidz Summer Camp Registration Form

Date

Child's Name	Vacation Week	Boy/Girl	Date of Birth	T-Shirt Size (YS-AXL)
<b>Last:</b> <b>First:</b> <b>Middle:</b>				

<b>Student Address:</b>		<b>City:</b>	<b>Zip:</b>
<b>Mother/Guardian Name:</b>	<b>Home Phone:</b>	<b>Mobile Phone:</b>	<b>Work Phone:</b>
<b>Father/Guardian Name:</b>	<b>Home Phone:</b>	<b>Mobile Phone:</b>	<b>Work Phone:</b>
<b>Primary Email Address:</b>		<b>Secondary Email Address:</b>	

I authorize the following people (persons over 16 years old) to pick up my child (other than Parent/Guardian):

Name:	Relationship to Child:	Can Be Contacted in an Emergency:	Phone:
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

**Insurance Information**

Policy Holder	Insurance Company	Policy Number	Hospital of Choice

## Participation Waiver

I give permission for my child to be transported to and from planned program activities in an authorized vehicle driven by StarKidz Summer Camp Staff.

I give permission for my child to play on the playground, use the facilities, and equipment and participate in day to day field trips and activities as outlined in the StarKidz handbook. I understand that my child will be supervised at all times.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Hold Harmless Agreement

I agree to waive and release StarKidz Summer Camp, LLC and StarMakers Dance Company, LLC and its members, agents, and employees from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising from my child's (or my) participation in the StarKidz Summer Camp program or any illness or injury resulting therefrom.

I further agree to indemnify and hold harmless StarKidz Summer Camp and StarMakers Dance Company from and against any and all claims, whether caused by negligence or otherwise. I understand and agree that StarKidz Summer Camp and StarMakers Dance Company shall not be responsible for the conduct of other users of StarKidz/StarMakers or its facilities.

I understand and agree that by signing this waiver, I am freeing StarKidz Summer Camp and StarMakers Dance Company and its members, agents, or employees from any liability resulting from my child's (or my) participation in any activity, on and off premise, related to the this program.

I hereby represent that I understand and am familiar with the nature of activities in which my child will participate and have personally read and understand this release.

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

## Photo Release Authorization

I give my permission to StarKidz Summer Camp and StarMakers Dance Company to photograph me or my children participating in the programs for use in StarKidz/StarMakers publicity and publications and will not seek compensation for such.

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

## Waiver/Authorization to Consent to Treatment of Minor

I, the undersigned parent/guardian of \_\_\_\_\_, waive any claim for injury or loss to said child that may be incurred or sustained as a result of participation and/or use of premises and equipment by said child in connection with activities conducted under the auspices of StarKidz Summer Camp.

I, the undersigned parent/guardian of \_\_\_\_\_, a minor, do understand that every precaution will be taken to ensure the safety of my child and should an accident occur, and if medical treatment is required, every effort will be made to contact the parent/guardian first. However, if the parent/guardian cannot be reached, I hereby authorize StarKidz Summer Camp, its members, agents, employees, and volunteers as agent(s) for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed hospital, whether such diagnosis or treatment is rendered at the office of said hospital.

It is understood that this authorization is given in advance of any specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable.

This authorization shall remain effective, unless revoked in writing and delivered to StarKidz Summer Camp.

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

## Health Information

Diagnosed medical conditions: (Check all that apply)

Epilepsy     ADD     ADHD     Autism     Asthma     Other \_\_\_\_\_

List All Medications Currently Taking (Parent/Guardian Must Send to Facility):

List Known Allergies (Check to indicate Life Threatening)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Limitations/Activity Restrictions: \_\_\_\_\_

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