**REGISTRATION**

**FOR ALL CAMPS THIS SUMMER**

**JUNE**

PRESCHOOL CAMP JUNE 19-21st

\_\_\_\_\_\_\_\_ATTEND \_\_\_\_\_\_ # OF CHILDREN

DAY CAMP JUNE 20TH -23TH **\_\_\_\_**\_\_\_\_ATTEND \_\_\_\_\_\_ # OF CHILDREN

SWIMMING LESSONS:

JUNE 20-23rd & JUNE 27th -29th **\_\_\_\_**\_\_\_\_ATTEND \_\_\_\_\_\_ # OF CHILDREN

**JULY**

DAY CAMP JULY 5-7TH

\_\_\_\_\_\_\_ATTEND \_\_\_\_\_\_\_\_# OF CHILDREN

CHILDREN’S HARBOR CAMP

JULY 23rd -JULY 26TH \_\_\_\_\_\_\_ATTEND \_\_\_\_\_\_\_\_\_# OF CHILDREN

CHILD’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S AGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GENDER- MALE OR FEMALE

PARENTS NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MEMBER #\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK PHONE\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S T-SHIRT SIZE PLEASE CIRCLE ONE:

YXS YS YM YL YXL AS AM AL AXL

**(IF YOU HAVE MORE THAN ONE CHILD YOU CAN PUT THEM ALL ON THE SAME FORM. PLEASE PUT AN EMAIL THAT YOU CHECK BECAUSE I WILL SEND ITENIRARY’S OF CAMP TO YOU VIA EMAIL. IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL ME AT 212-1486.)**

## STATE OF ALABAMA}

**COUNTY OF TALLAPOOSA}**

### GENERAL RELEASE AND MEDICAL RELEASE

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being fully aware of the potential risk and dangers of participation in camp activities, do voluntarily participate and take part in said program of activities recognizing and acknowledging the risk of injuring myself, or others. In consideration of having the opportunity to be a part of camp activities with **Willow Point Golf and Country Club Alexander City, Alabama,** (I) do hereby fully release and discharge Willow Point Golf and Country Club of Alexander City its employees, agents, managers, members, volunteers, servants, successors, and assigns from any and all claims, demands, rights, causes of action, damages, expenses and compensation of every kind whatsoever and including, without limitation, all liability for damages or injury of every kind, nature or description whether foreseen or unforeseen, known or unknown which may hereafter arise from or out of injuries and damages occurring during said the camp program, to include but not be limited to applicable periods of class and sojourn.

In the event I am injured, (I) hereby authorize and consent to any basic first aid treatment and / or x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered under the general or special supervision and on the advice of a licenses physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision should any medical treatment become necessary during the aforesaid period. (I) do further authorize and appoint **Program Staff** with full power of attorney to exercise and authorize the consent herein for such treatment at any hospital or other medical institution whose services are needed for such proper care and treatment. (I) do hereby release and discharge **Program Staff** from any and all liability resulting from the reasonable exercise of said power of attorney.

EXECUTED THIS \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_, 2017

Witness: Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### (Parent or Guardian if Participant is under 19 years of age)

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### HOSPITAL INSURANCE COVERAGE

# Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notify in Emergency: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any allergies to bee stings, penicillin, hay, etc.? \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_No

List allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_