

THE BUFFALO CHRISTIAN CENTER Summer Camp

REGISTRATION FORM

Please complete this form to register your child for **The Buffalo Christian Center's 2009 Summer Camp**. This form, and full payment of **Summer Camp's Sessions**, and **release/waiver form** must be submitted for each student to be enrolled in a **The Buffalo Christian Center's Summer Camp**. Incomplete forms will be returned. A parent or guardian must sign this form. Be sure to print all information carefully and to include payment in full by cash or credit card.

Important Information Before You Register Your Child:

1. Completed registration form and waiver release are required.
2. Applications are processed on a first-come, first-serve basis.
3. The Buffalo Christian Center's will provide lunch for campers.
4. *Camp fee is \$35/session, per child. This fee includes a \$10 field trip fee.*

For which camp date(s) are you registering?

Summer Session One: July 6th – July 16, 2009, located at The Buffalo Christian Center

Summer Session Two: July 20th – July 30, 2009, located at The Buffalo Christian Center

Camp times are Monday- Thursday , 10:00 AM to 3:00 PM. Before and after care is not available for the second summer session.

INFORMATION ABOUT YOUR CHILD

Student Name: _____ Age: _____ Date of Birth: _____
School: _____ Circle Finishing grade in Spring 2009: 1 2 3 4 5 6 <input type="checkbox"/> Drop Off/Pick Up or <input type="checkbox"/> Walker
Ethnicity (optional): <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other, please state _____
Parent/Guardian Name: _____
Day Phone : _____ Evening Phone: _____ Mobile: _____
Address: _____ City: _____ IL Zip: _____
Emergency Contact: _____ Phone _____
All known food and/or drug allergies: _____
Any medical conditions of which we should be aware: _____ <i>Please include any medical papers necessary in case of emergency</i>
Any medications your child will be taking while in our care: _____ <i>Non-prescription medication and prescription medication must be signed in during registration.</i>

How did you hear about our camp? (Check One)

The Buffalo Christian Center's Website Flyer/Post Card The Buffalo Christian Center Friend _____

Newspaper _____ Radio Station: _____ Peace of the City Other: _____

Poster

Office Use Only:

Check No: _____

Date Paid: _____

Amount Paid: _____

Amount Owed: _____

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WAIVER/RELEASE

I, _____, as parent of _____, desire my child to participate in activities provided by The Buffalo Christian Center from _____, 2009 until _____, 2009 (indicate dates) and agree to the terms below:

1. **Acknowledgment and Assumption of Risks:** I understand and accept the nature of physical demands of the activities. I understand that the physical demands of such activities, as well as the activities themselves, may result in injury to my child, and that such injury may be severe. I have made The Buffalo Christian Center, and/or *The Buffalo Christian Center's Summer Camp* aware of any and all medical and physical conditions that may affect my child's participation. I understand that The Buffalo Christian Center and The Buffalo Christian Center's Summer Camp staffs employ reasonable procedures, but that unforeseen circumstances or accidental events may occur, for which The Buffalo Christian Center /The Buffalo Christian Center's Summer Camp, its Board of Directors, representatives, volunteers, and employees cannot be held responsible.

2. **Release:** I, acting in my individual capacity and in the capacity as my child's parent, unconditionally **waive and release** The Buffalo Christian Center, The Buffalo Christian Center's Summer Camp, its Board of Directors, representatives, volunteers, and employees, and agree to hold said persons harmless from any and all claims, rights, or causes of action which may be or could be asserted against The Buffalo Christian Center, The Buffalo Christian Center's Summer Camp its Board of Directors, representatives, volunteers, and employees as the result of any physical injuries, disfigurement, medical expenses, property damage, loss of earnings, mental anguish, or loss of consortium which may occur as a direct or indirect result of my or my child's use of the services, facilities, instruction, or premises of The Buffalo Christian Center, or as a direct or indirect result of my child's participation in activities provided by The Buffalo Christian Center or The Buffalo Christian Center's Summer Camp's, or from any conduct on the part of The Buffalo Christian Center's, administration or The Buffalo Christian Center's, including any act or failure to act. Additionally, to the extent allowed by the law, I release The Buffalo Christian Center, Buffalo Christian Center's Summer Camp its Board of Directors, and representatives, volunteers, and employees, and agree to hold said persons harmless from any and all claims, rights, or causes of action that my child could assert against The Buffalo Christian Center, Buffalo Christian Center Summer camp, its Board of Directors, representatives, volunteers, and employees as the result of any physical injuries, disfigurement, medical expenses, property damage, loss of earnings, mental anguish, or loss of consortium which may occur as a direct or indirect result of the use of the services, facilities, instruction, or premises of The Buffalo Christian Center, or as a direct or indirect result of my child's participation in activities provided by The Buffalo Christian Center.

3. **Medical Authorization and Agreement to Pay Medical Bills:** In the event that my child becomes ill or injured during these activities, and I cannot be reached, The Buffalo Christian Center and The Buffalo Christian Center Summer's Camp is authorized by me to provide first aid and to take my child to a hospital of its choice for emergency care unless I have indicated otherwise below. If there are any medical or other restrictions, I have indicated these below. Regardless of the cause of injury, I agree to be financially responsible for any medical treatment, emergency care, transportation, or other expense related to medical care for me or my child, and I also agree that The Buffalo Christian Center and The Buffalo Christian Center's Summer Camp are not and will not be financially responsible for any emergency care, doctor's treatment, hospitalization, transportation, or other expense related to medical care for me or my child that arises out of activity provided by The Buffalo Christian Center or The Buffalo Christian Center's Summer Camp.

4. **Publicity:** I understand that as part of the Buffalo Christian Center's Summer Camp, my child may be videotaped, audio taped, interviewed, and/or photographed and agree to allow the Buffalo Christian Center's Summer camp to keep, as their property, the products of such videotaping, audio taping, interviewing, and /or photographing. I also understand that such may be used by the Buffalo Christian Center's Summer Camp for publication in a variety of forums including the Buffalo Christian Center's newsletter, website, and other publications, and that no compensation will be paid for such use.

5. **Consideration:** I hereby acknowledge the validity and adequacy of the consideration for this release being the offering and provision of the Buffalo Christian Center's Summer Camp.

6. **Binding Effect:** This agreement is binding upon me and my spouse, heirs, assigns, dependents, personal representatives, attorneys, and estates. To the extent allowed by law, this agreement is also binding upon my child or children on whose behalf it is executed and upon any legal guardian thereof.

7. **Entire Agreement:** This document constitutes the entire agreement between The Buffalo Christian Center /The Buffalo Christian Center's Summer Camp, the undersigned, and his or her child regarding the subjects covered hereby. All previous agreements, oral or written, are superseded, and there exist no further oral or written representatives, promises, assurances, or statements of any kind affecting this agreement except those which are expressly set forth in this document. I represent and warrant that I am duly authorized to act on behalf of my child in entering this agreement as either parent or legal guardian. Furthermore, if any portion of this agreement is determined to be invalid, it is agreed that the remaining balance of the agreement shall, notwithstanding, continue in full legal force and effect.

My Child's Medical Restrictions (if any): _____

Hospital Preference (optional): _____

AGREEMENT IS ACKNOWLEDGED BY SIGNATURE BELOW:

Authorized parent's signature _____

Signed this _____ **day of** _____, **200** _____
(date) (month) (year)