

BRISTOL BOROUGH SUMMER CAMP 2010
REGISTRATION FORM / EMERGENCY FORM

CHILD'S NAME: _____ AGE: _____

(Please print and please use **one form per child.**)

ADDRESS: _____

(Bristol Borough Residents Only.)

TELEPHONE NO.: _____ CELL NO.: _____

EMERGENCY NAME: _____ CONTACT NO.: _____

(If you can't be reached we would call this number.)

SCHOOL NAME: _____ GRADE _____

I CERTIFY THAT THE ENROLLING CHILD IS IN GOOD HEALTH & PHYSICALLY ABLE TO PARTICIPATE IN ALL ACTIVITIES (INCLUDING SWIMMING & ICE SKATING) OF THE DESIGNED PROGRAM. I AGREE THE I/CHILD/GUARDIAN SHALL BE SUBJECT TO THE RULES AND REGULATION OF BRISTOL BOROUGH RECREATION DEPARTMENT. I/PARENT/GUARDIAN ASSUME ALL RISK AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES. AND I DO HEREBY, WAIVE, RELEASE, ABSOLVE, INDEMNITY AND AGREE TO HOLD HARMLESS TO BRISTOL BOROUGH & RECREATION DEPARTMENT, THE ORGANIZER, SPONSORS, SUPERVISORS AND PARTICIPANTS. I HEREBY GIVE PERMISSION TO ANY AND ALL MEDICAL ATTENTION NECESSARY TO APPROPRIATE MEDICAL CARE FACILITY. I UNDERSTAND THAT NO HEALTH AND OR ACCIDENT INSURANCE IS PROVIDED FOR THE PARTICIPANTS AND I ACCEPT FULL RESPONSIBILITY FOR INSURANCE PROVIDED FOR THE PARTICIPANT AND I ACCEPT FULL RESPONSIBILITY FOR OBTAINING SAME OF FOR PAYMENT OF ALL EXPENSES IN THE ABSENCE OF SUCH TREATMENT AND RELEASE THAT BRISTOL BOROUGH & RECREATION DEPARTMENT AND ITS OFFICIALS FROM ANY AND ALL LIABILITY OR CLAIMS ARISING OUT OF INJURY, ACCIDENT OR SICKNESS TO MYSELF/CHILD/GUARDIAN. IF I FEEL MY CHILD CANNOT PARTICIPATE IN ANY ACTIVITIES I WILL KEEP HIM/HER HOME ON THAT DAY.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

PLEASE NOTE: K-4th GRADE – IF A CHILD HAS TO LEAVE EARLY OR IS GOING HOME WITH SOME ONE ELSE, PLEASE SEND IN A NOTE OR WALK IN AND NOTIFY THEIR CAMP COUNSELOR.

Thank You!

K-4TH grades must be picked up on time. The camp closes at 11:45 and the counselors leave the building. 5th to 8th grade camp closes at 3:30.

Thank you, Cyndi Wade, Recreation Director