

**EXTREME SPORTS SUMMER CAMP  
APPLICATION/REGISTRATION FORM**

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Father's Address (if different from child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Mother's Address (if different from child's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's Living Arrangements: (Check one)  Both Parents  Mother  Father  Other

Child's Legal Guardian(s): (Check one)  Both Parents  Mother  Father  Other

**The child may be released to the person(s) signing this agreement or to the following:**

**1. Name** \_\_\_\_\_ **Address** \_\_\_\_\_

(street, city, state, zip)

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

**2. Name** \_\_\_\_\_ **Address** \_\_\_\_\_

(street, city, state, zip)

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

Persons to contact in case of emergency when parent or guardian cannot be reached:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of public or private school child attends, if any: \_\_\_\_\_

My child has the following special needs: \_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at the camp: \_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns: \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Should (Childs Name) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Suffer any injury or illness while in the care of Extreme Sports Summer Camp and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services.

Parent/Guardian: \_\_\_\_\_  
Print Name Signature

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

Camp Director/Administrator \_\_\_\_\_  
Print Name Signature

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

**EXTREME SPORTS SUMMER CAMP  
PARENTAL AGREEMENT**

**Meals**

My child will participate in the following meal plan:

- Circle all that apply: Breakfast   Lunch   Afternoon Snack
- OR: Parent/Guardian to provide all meals

**Before any medication is dispensed to my child, I will provide a written authorization, which includes:**

- Date
- Name of child
- Name of medication
- Prescription number if any
- Dosages
- Date and time of day medication to be given
- Medicine will be in the original container with my child's name marked on it

My child will not be allowed to enter or leave the camp without being escorted by the parent(s), person authorized by parent (s) or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records, etc.

The camp agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The *Extreme Sports Summer Camp* agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep. I authorize *Extreme Sports Summer Camp* to obtain emergency medical care for my child if I am not available. I have received a copy and agree to abide by the policies and procedures for *Extreme Sports Summer Camp*. I understand that *Extreme Sports Summer Camp* will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in *Extreme Sports Summer Camp* activities.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Camp Administrator/Director

**EXTREME SPORTS SUMMER CAMP  
PARENTAL AGREEMENT**

I indemnify and save *Extreme Sports Summer Camp* of Conyers Georgia and its affiliates, employees and agents harmless from any liability or medical payments resulting from my child's participating in *Extreme Sports Summer Camp* or other activities during his/her stay at *Extreme Sports Summer Camp*. Although Extreme Sports Summer Camp is a non-licensed summer camp, I understand that the camp does carry liability insurance but does not provide medical insurance coverage for my child and that any medical expenses incurred will be paid by either my own insurance or me. I hereby grant permission for my child to attend *Extreme Sports Summer Camp* and to participate in all the Camp activities. I give permission for my child's picture to be used in future publications, including publication on *Extreme Sports Summer Camp* and its affiliates' web pages.

NOTICE: Registration fee is nonrefundable and nontransferable. No refunds are available if a child attends any part of a week.

I acknowledge and certify that I am legally authorized to sign this consent form on behalf of the minor child.

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Signature Of Parent Or Legal Guardian Only

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Date

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Camp Administrator/ Director

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Date