

Murfreesboro Police Department RADkids Summer Camp Registration

Camper Application and Liability Release Form

Please complete all sections of this form and return to the Murfreesboro Police Department, 1004 N Highland Ave. as soon as possible. Space is limited and campers are selected on a first come, first serve basis. A \$25 application fee will be required and can be paid the first day of camp. All campers MUST have a completed set of forms on file or he/she may not attend. Do not send money or medication with your child for them to take during the course of the day. Necessary medication must be administered by a parent or guardian either before or during camp hours.

Please print all information: Date of Camp to Attend _____

Camper Information:

Name _____ M or F

Address _____

Date of Birth _____ Age _____ Shirt size (Adult or Youth) _____

Grade Entering This Fall _____ School _____

Parent/Guardian Information:

Name _____ E-Mail _____

Cell Phone _____ Alt. Phone _____

Name _____ E-Mail _____

Cell Phone _____ Alt. Phone _____

Pick-Up and Emergency Contact: No child will be allowed to leave the day camp with anyone other than the parent/guardian or a person on this authorized pick-up list. The following are authorized to pick up my child or to be contacted on my behalf in an emergency. Please select at least one emergency contact not listed above.

Name _____ Cell Phone _____

Name _____ Cell Phone _____

Name _____ Cell Phone _____

Name _____ Cell Phone _____

Confidential Medical Information: (Optional) In order for our staff to provide your child with a positive experience and safe camp, it would be helpful to list any special needs that he or she might have. (E.g. ALLERGIES, LEARNING DISABILITIES, MEDICATIONS) and notify staff of any changes to the child's condition during the course of the camp.

Child's Physician _____ Phone _____

1. Does your child have any chronic medical conditions, illnesses, or physical limitations that might inhibit his or her ability to participate in camp activities? **YES** **NO**
If YES please give details.

2. Does your child take any medication regularly? **YES** **NO**
If YES please give details.

3. Does your child have any dietary restrictions? **YES** **NO**
If YES please give details.

4. Does your child have any allergies to food, medication, insect bites or stings?
If YES please give details of allergy and treatment. **YES** **NO**

5. Does your child have any other special needs? **YES** **NO**
If YES please give details.

Liability Release: (Agreement to release, assume risk and hold harmless)

I am aware that there are certain inherent risks involves in participating in educational, recreational, and/or performance activities. This includes, but is not limited to, the risk of theft, damage to personal property, and/or injury. In consideration of my being granted permission for my child to participate in these activities, I hereby agree to hold harmless and indemnify the City of Murfreesboro, the Murfreesboro Police Department, Murfreesboro City School District, their officers, directors, agents, and employees from any and all claims, losses, damages, injuries, fines, penalties, and costs (including court and attorney fees), however caused, resulting from, arising out of, or in any way connected with participation by my child in any Murfreesboro Police Department summer camp activity.

I authorize the Murfreesboro Police Department staff and medical personnel to take any appropriate and necessary emergency actions that my child may require, in the event that I am unable to be contacted immediately.

By signing below, I certify that I have read and understand this agreement to release, to knowingly assume risk and to the herein described persons and entities hold harmless, and by my signature, I hereto agree to its terms. I hereby give my child permission to participate in the Murfreesboro Police Department’s summer camp activities.

R.A.D. KIDS PARENTAL CONSENT FORM

I _____, authorize my son / daughter,
_____ to attend the upcoming self-esteem and personal empowerment safety education program offered by rad-KIDS, Inc. course offered by radKIDS at _____, on _____.

My signature below hereby acknowledges to radKIDS, Inc. and its radKIDS Instructor or Instructors: That my son/daughter and I are aware of the physical nature and possible risks of injury incident to taking this practical course in personal safety; That he/she is physically fit to participate in this course, involving various physical techniques; and, we realize that such techniques cannot be successfully employed in every situation, and proficiency can only be achieved through continued practice, exercise of good judgment, and a person’s natural ability. I also understand that sensitive subject matter will be discussed and is in the Parent’s Manual for my review. My signature also releases radKIDS, Inc., and its radKIDS Instructor or Instructors, and sponsor, and agrees to hold them harmless, from any liability for injury that may be incurred as a result of this course, or use of the strategies within. I HAVE READ THE ABOVE WAIVER AND RELEASE. I UNDERSTAND THAT THERE ARE PHYSICAL SKILLS AND ACTIVITIES IN THIS PROGRAM. I SIGN IT VOLUNTARILY.

My signature also grants permission for my child’s picture to be taken for the purpose of the graduation certificate and/or general media or press release from the radKIDS program. (No names or personal information will be included in media release).

Signature _____ Date _____
(Parent or Legal Guardian)