



Summer Camp - Hold Harmless Agreement & Registration form

1. I hereby give my permission for my SON(s)/DAUGHTER(s)/SELF, to participate in the class/program on the registration form.
2. I recognize, understand, and acknowledge that, as in all activities, there is always the inherent risk of injury up to and including death.
3. I recognize, understand, and acknowledge that, any and all rules, policies, guidelines and safety procedures are established for the safety and protection of all participants and agree that my SON(s)/DAUGHTER(s)/SELF, will be expected to comply with ALL rules, policies, guidelines and safety procedures.
4. I recognize, understand, and acknowledge that, my SON(s)/DAUGHTER(s)/SELF, will obey and abide by and with ALL rules, policies, guidelines and safety procedures, and obey and comply with directives from all, staff, counselors, supervisors and HJP Administration.
5. I certify, to the best of my knowledge, that the current physical condition/health of my SON(s)/DAUGHTER(s)/SELF, is satisfactory for participation, that the listed participant is free of any health related problems which would jeopardize participation in the mentioned class/program, that I will notify the staff immediately should the mentioned condition change at any time during participation in the class/program, and that, upon request, I will furnish proof of a current physical examination.
6. I recognize that failure to comply with the mentioned items could result in immediate suspension and/or dismissal from the program.
7. The Staff and/or sponsors have my permission to have a Physician and/or Emergency Medical Service (EMS) treat and/or transport my SON(s)/DAUGHTER(s)/SELF, if needed, at any time during participation in the class/program(s).
8. In consideration of participation by my SON(s)/DAUGHTER(s)/SELF in the class/program(s) listed on the registration form, I, the undersigned, do hereby agree to hold harmless and indemnify HJP Park and Open Space Commission, its agents, servants and employees against any claims for and on account of any and all injuries sustained by my SON(s)/DAUGHTER(s)/SELF as a result of participation in the mentioned class/program, including, but not limited to, claims on the account of any negligence by HJP Park and Open Space Commission, its agents, servants, employees or subcontractors.
9. The staff and/or sponsors have my permission to photograph my SON(s)/DAUGHTER(s)/SELF. I understand that said photographs may be used in future promotional flyers, brochures, web pages or press releases.
10. I certify my SON(s)/DAUGHTER(s)/SELF can communicate/understand directives from Staff/Instructors.

***** Parent/Guardian retain this top portion**

* * * * * **Detach Here** * * * * * **CUT HERE** * * * * * **Detach Here** * * * * *

***** HJP Park and Open Space return/send this bottom portion**

Participant's Information:

First Name: _____ Last Name: _____
 Mailing Address: _____ City _____ St. _____ Zip _____
 Phone: Home () _____-_____ Cell () _____-_____ Work () _____-_____ Emergency () _____-_____
 Date of Birth: ____/____/____ (Circle one) Male / Female E-Mail address: _____

Emergency Contact & relationship to participant: _____

Note any Medical conditions, allergies or special needs **(45 day advance notice required)** that we should be aware of in relation to the program in which you or your child is registering: _____

Will there be a TSS or Medical assistant _____

Shirt size: Please circle your child's shirt size! **Registrations must be RECEIVED by JUNE 12 to be GUARANTEED a T-Shirt**
Circle size **Child:** 6-8, 10-12, 14-16 **or Adult:** S M L XL

(PLEASE - One child per form)

| Program Name | Location | Fee |
|--------------|----------|-----|
| | | \$ |

Checks must be made out to: **HJP Park and Open Space**
 Mail to: HJP Park and Open Space; 2162 Route 715; P. O. Box 194; Reeders, PA 18352-0194
 Questions, call? 570-629-0966 M – F 8:30AM – 5:00PM

CREDIT CARD INFORMATION - You need to add \$15.00 for a card convenience fee to your total.

| Name as it appears on card | Type of credit card | Card number | Security code | Expiration date | Total Amount |
|----------------------------|---------------------|-------------|---------------|-----------------|--------------|
| | | | | | \$ |

I have read, understand and accept the "Hold Harmless Agreement & Camp Registration Policies" and I am 18 years old or older and the responsible person for the participant.

Print name: _____ Signature: _____ Date: _____