

# Farmington Farms Summer Camp 2018

Session: \_\_\_\_\_ Dates: \_\_\_\_\_ Time: \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Member / Non Member (please circle)

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home # \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Cell # \_\_\_\_\_ Work# \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Please list below persons readily available whom we may call in case of emergency when parents can not be reached:

1. \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

2. \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

3. \_\_\_\_\_ Home# \_\_\_\_\_ cell# \_\_\_\_\_

Please list allergies (including bee stings, food and drug allergies): \_\_\_\_\_

List any medications your child uses on a regular basis: \_\_\_\_\_

Does your child have any physical conditions which may limit his/her participation in sports or other activities? YES NO If yes, please explain \_\_\_\_\_

## Waiver

I, \_\_\_\_\_ the undersigned, do hereby release Farmington Farms Tennis & Athletic Club, in which I have enrolled my child, all its officers and employees acting within the scope of their employment, of any liability for damages arising from personal property loss or bodily injury received by me or my children while participating in said program or classes.

I am aware of the degree of physical activity that my child will be participating in and therefore have received approval to do so by my child's family doctor or an approved medical examination.

I also understand that during the course of the year, photos may be taken of my child that may be used for publicity or advertising for Farmington Farms. I authorize Farmington Farms to use these photos of my child unless I submit my objections in writing at the time of registration.

Signature \_\_\_\_\_ Date \_\_\_\_\_