

Grade: Registration
 Spring Camp

Registering Adult Password:
 Second Adult Password:

Spring Camp

Student

Student # Home School:
 Child's Name: Last First Starting Date:
 D/O/B: Age: Sex: T-Shirt Size:
 Height: Weight: Eye Color: Hair Color:
 Race: White Black Hispanic Native American Multiracial Asian Other
 Child Lives with: Both Parents Mother Father Guardian Shared Custody Other
 LIST ALL SIBLINGS ATTENDING PROGRAM AT THIS TIME:

Must Fill-in All Boxes

Registering Adult

Are you a Broward County School Employee? Yes No
 Name (First) (Last) HomePhone
 Primary Address Cell Phone
 City State Zip Cell Phone Provider
 Work

Must Fill-in All Boxes

Second Adult

Name (First) (Last) HomePhone
 Second Address Cell Phone
 City State Zip Cell Phone Provider
 Work

List Email Addresses:
 Can your child be photographed? Yes No

Must Fill-in All Boxes

Medical Conditions

Family Doctor: Doctor Phone#:
Important medical concerns we should be aware of (conditions, medications, health history, etc.):
 Does your child have any medical concerns? Yes No If Yes,
 Does your child have allergies? Yes No If Yes,
 Does your child take any medications? Yes No If Yes, What? Where?
 Does your child have any special concerns we need to be aware of? Yes No If Yes,
 Does your child have any special needs we should be aware of? Yes No If Yes,
 Does your child receive any special services during the school day? Yes No If Yes,

Must Fill-in All Boxes

Registering Adult Authorized Release/Contact

Name	Relationship	Home Phone	Work or Cell Phone
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Must Fill-in All Boxes

I declare this information to be true and correct. I will notify the Supervisor immediately of any changes.
 Signature Print Name Relationship to child Date

Second Adult Authorized Release/Contact

Name	Relationship	Home Phone	Work or Cell Phone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I declare this information to be true and correct. I will notify the Supervisor immediately of any changes.
 Signature Print Name Relationship to child Date

THIS REGISTRATION FORM AND ONLINE PAYMENT RECEIPT MUST BE EMAILED TOGETHER BY NO LATER THAN MARCH 20TH TO: EPEAFTERCARE@BROWARDSCHOOLS.COM
 REGISTRATION IS ONLY COMPLETE WHEN THE FORM IS SUBMITTED AND THE PAYMENT (\$150 + \$25) MADE

*** ICE CREAM AND HOT LUNCH IS AVAILABLE FOR PURCHASE EACH DAY OF CAMP ***
 FOR DETAILS AND PAYMENT VISIT: WWW.EAGLPOINT.BROWARDSCHOOLS.COM

Student # _____ Child's Name: _____
Home School _____ Date: _____

Must
Fill-in
All
Lines

I understand the policies and procedures that have been outlined in the Parent Handbook. I understand that these are in place to ensure the safety and well-being of my child while attending the program. I have read them and agree to follow them. I have also discussed the rules of the program with my child.

In addition, I understand some of my responsibilities include, but are not limited to:

- Bringing my Photo ID for pick-up verification.
 - Picking my child up by the program's closing time, or I will be charged a late fee
 - Paying Period Fees on or before the last day to pay
 - Paying late fees prior to the next Period Payment
 - Notifying the Supervisor directly, if my child will not be attending the program
1. I understand, my child will be expected to behave in accordance with the "Code of Student Conduct" for Broward County Public Schools.
 2. I understand, all payments for Before and After School Child Care Programs must be made in advance of the child receiving childcare. Failure to pay in advance will result in dismissal from the program. "Last Day to Pay" is given to parent/guardians upon registration.
 3. I understand, it is necessary to pick up my child(ren) on time. Failure to do so may result in dismissal from the program. A late pick-up fee of \$15.00, per 15 minute increments, per family will be charged.
 4. I understand, if my child is on the Broward Free/Reduced Meal Program, funds may be available for partial After School Child Care Fees. It is my responsibility to request this information and provide necessary documents for the application. I also understand, it is my responsibility to keep my own records and receipts for income tax purposes.

Registering Adult Signature: X _____

Date: _____

Must
Sign
and
Date

**THIS REGISTRATION FORM AND ONLINE PAYMENT RECEIPT MUST BE EMAILED TOGETHER BY
NO LATER THAN MARCH 20TH TO: EPEAFTERCARE@BROWARDSCHOOLS.COM
REGISTRATION IS ONLY COMPLETE WHEN THE FORM IS
SUBMITTED AND THE PAYMENT (\$150 + \$25) MADE**

***** ICE CREAM AND HOT LUNCH IS AVAILABLE FOR PURCHASE EACH DAY OF CAMP ***
FOR DETAILS AND PAYMENT VISIT: WWW.EAGLPOINT.BROWARDSCHOOLS.COM**



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
 BASCC SUMMER PROGRAM

Spring
 Summer Camp Field Trip Authorization

SCHOOL NAME
 NAME, Supervisor
 Street Address
 City, FL Zip
 754-111-1111 Phone

~~DO NOT CUT OR TEAR PAPER RETURN COMPLETE FORM~~

Student Name: X Age: X

Please see reverse side of authorization for a list of proposed field trips. The list is subject to change; however, parent/guardian will be notified in advance of any changes. In the event a trip is canceled, campers will stay/return to the school location and appropriate activities will be organized.

Student must demonstrate appropriate behavior in order to participate in the summer program field trips and activities. Disruptive behavior and/or repeated violation of the student code of conduct, school behavior plan, and/or camp rules may result in the loss of field trip privileges. Camp Directors will make the final decision regarding participation.

I, the undersigned, hereby grant permission for the my son/daughter (named above) to travel to and participate in all summer camp field trips.

Parent/Guardian Name: X Signature: X

Emergency Contact and Pick-Up Information

In case of emergency, please contact the following person(s):

<u>X</u>	<u>X</u>	<u>X</u>
Emergency Contact -- print name	Relationship to student	Telephone #

In the event I cannot be reached, please contact:

<u>X</u>	<u>X</u>	<u>X</u>
Alternate Contact #1 -- print name	Relationship to student	Telephone #

_____	_____	_____
Alternate Contact #2 -- print name	Relationship to student	Telephone #

_____	_____	_____
Alternate Contact #3 -- print name	Relationship to student	Telephone #

Health/Accident Insurance

In the event of an accident or illness every attempt will be made to reach the emergency contact. If necessary, 911 will be called. Insurance information is not required but is strongly recommended since parent assumes full financial responsibility for any charges incurred. Check number 1 or 2 below.

Does your child take medication, have allergies, or special health problems? If yes, please indicate: _____

1. _____ My child is covered by twenty-four (24) hour student accident insurance or family insurance:

_____	_____
Insurance Company / ID #	Telephone #

2. _____ I do not have insurance. I understand I am responsible for all medical bills for emergency care of my child.

~~DO NOT CUT OR TEAR PAPER RETURN COMPLETE FORM~~

RELEASE OF ALL CLAIMS, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT

Name	
Name of Parent or Legal Guardian, if under 18	
Name and Contact Information of Participant's Physician or Emergency Health Care Provider	
School/University	
Team Name	

WARNING, THIS AGREEMENT IS LEGALLY BINDING. BY SIGNING IT, YOU GIVE UP YOUR RIGHT TO RECOVER COMPENSATION THROUGH THE COURTS OR OTHERWISE, FOR ANY PERSONAL INJURIES OR DAMAGE TO YOUR PROPERTY, OR FOR YOUR DEATH, ARISING OUT OF YOUR USE OF THE FACILITIES AND EQUIPMENT, OR ARISING OUT OF YOUR PARTICIPATION IN CLASSES OR ACTIVITIES, INCLUDING TRANSPORTATION PROVIDED BY OFF THE WALL & GAMEROOM, LLC, D/B/A OFF THE WALL GAMEROOM, SPONSORED BY OFF THE WALL GAMEROOM, OR ANY AFFILIATE OR WHOLLY OWNED SUBSIDIARY OF THE SAME (HEREINAFTER COLLECTIVELY REFERRED TO AS "OTWG".) THE TERM "FACILITIES" SHALL MEAN THE PHYSICAL PREMISES WHERE OTWG CONDUCTS ITS BUSINESS AND THE TERM "EQUIPMENT" SHALL MEAN THE DEVICES OR TRAMPOLINES OR OTHER EQUIPMENT ON WHICH ACTIVITIES OFFERED BY OTWG TAKES PLACE. YOU WILL BE RELEASING THE LANDLORD OF OFF THE WALL, ANY PERSONS WHO HAVE DESIGNED, MANUFACTURED OR INSTALLED THE FACILITIES, TRAMPOLINES, OR EQUIPMENT OF OTWG AND ANY PERSONS USING THE EQUIPMENT OF OFF THE WALL. THIS AGREEMENT IS BINDING ON YOU, YOUR HEIRS, NEXT OF KIN, ASSIGNS, AND PERSONAL REPRESENTATIVES. THIS AGREEMENT ALSO REQUIRES YOU TO INDEMNIFY AND HOLD HARMLESS THE PERSONS RELEASED FROM ANY LOSSES, LIABILITIES, DAMAGES AND COSTS, INCLUDING REASONABLE ATTORNEYS' FEES.

ASSUMPTION AND ACKNOWLEDGMENT OF RISK

WARNING: THE USE OF OTWG FACILITIES AND EQUIPMENT IS DANGEROUS!!! I, the undersigned, acknowledge and agree that the use of OTWG facilities and equipment and the taking of classes or participating in activities sponsored by OTWG has INHERENT RISKS. Those risks include, but are not limited to the following:

1. Injuries or death resulting from the failure or negligent misuse of the OTWG facilities and equipment.
2. Injuries resulting from slips, trips, falls sustained, or the physical demands associated with the use of the facilities or equipment of OTWG.
3. Injuries resulting from jumping or the fall of other persons who may come into contact with me or from any jumping or falls in which I come into contact with other persons.
4. Injuries that occur from the NEGLIGENCE or lack of adequate training of those volunteers or employees of OTWG, who seek to assist with medical or other help either before or after injuries have occurred.
5. Injuries resulting from the failure of facilities and equipment used at OTWG, including but not limited to, failure of supports, springs, belay devices, anchor points, landing surfaces and its curbs, items left in landing surface and any other part of the structure.
6. Injuries resulting from the NEGLIGENCE of the facilities and equipment or the NEGLIGENCE of other activity, participants, visitors, or persons who may be present at OTWG or the NEGLIGENCE of the designers, manufacturers or installers of the facilities, or equipment.

I am aware of these and NUMEROUS OTHER INHERENT RISKS in using facilities and equipment. I FREELY AND VOLUNTARILY ASSUME COMPLETE RESPONSIBILITY for these risks and for the injuries that may occur as a result of these risks EVEN IF injuries occur in a manner that is not foreseeable at the time I sign this agreement. I realize that by voluntarily assuming the risks involved, I will be SOLELY RESPONSIBLE for any loss or damage I sustain, including PERSONAL INJURIES to me, damage to my PROPERTY, or damage arising out of my DEATH.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF OTWG USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM OTWG IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND OTWG HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Initial __ (If participant is under 18, Parent/Legal Guardian must initial.)

RELEASE AND PROMISE NOT TO SUE

In consideration of my observing or using the facilities, or equipment of OTWG, and/or in consideration of my participating in the classes or activities sponsored by OTWG, I hereby agree to RELEASE FROM ALL LIABILITY, DISCHARGE, and PROMISE NOT TO SUE, OTWG, or any officer, director, member, employee, volunteer, or agent of OTWG or any other participant, visitor, or person present in or using the facilities and equipment of OTWG. It is my express purpose to bind myself, my heirs, my administrators and my executors hereby.

In consideration of my observing or using the facilities and equipment and/or in consideration of my participating in the classes or activities sponsored by OTWG, I also hereby agree to RELEASE FROM ALL LIABILITY, DISCHARGE, and PROMISE NOT TO SUE the designers, manufacturers or installers of the facilities and equipment of OTWG. This agreement releases the aforementioned persons from any liability to me, my heirs, or next of kin, assigns, or personal representatives, for any losses or damages or claims or demands arising out of my PERSONAL INJURIES, damage to my PROPERTY, or from my DEATH.

If any provision of this Agreement is held invalid, the invalidity shall not affect other provisions of the Agreement which can be given effect without the invalid provisions, and to this end the provisions of the Agreement are to be severable. This Agreement shall be governed by the laws of the State of Florida.

I AGREE AND UNDERSTAND THAT THIS WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT WILL EXTEND TO ALL CLAIMED WRONGFUL ACTS OF THE RELEASED PARTIES TO THE GREATEST EXTENT ALLOWED UNDER THE LAWS OF THE STATE OF FLORIDA, INCLUDING THE NEGLIGENCE OF THE RELEASED PARTIES.

Initial __ (If participant is under 18, Parent/Legal Guardian must initial.)

MANDATORY BINDING ARBITRATION – WAIVER OF RIGHT TO JURY TRIAL

ANY DISPUTE, CONTROVERSY, OF CLAIM, OF ANY KIND, MANNER OR NATURE, WHETHER ARISING FROM OR RELATING TO THIS AGREEMENT, OR ANY CLAIM FOR ANY INJURY, DAMAGE OR LOSS WHATSOEVER, WHETHER INCURRED THROUGH USE OF THE FACILITY AND/OR EQUIPMENT OF OTWG OR OTHERWISE, MUST ONLY BE SUBMITTED TO ARBITRATION BEFORE THE AMERICAN ARBITRATION ASSOCIATION IN MIAMI-DADE COUNTY, FLORIDA IN ACCORDANCE WITH ITS RULES AND ANY JUDGMENT OR DECISION THEREBY RENDERED MAY BE ENTERED BY A COURT OF COMPETENT JURISDICTION AS ITS JUDGEMENT. IN ACCORDANCE THEREWITH, EACH OF THE PARTIES TO THIS AGREEMENT, VOLUNTARILY, AFTER DUE CONSIDERATION OF ALL ALTERNATIVES, AND AFTER HAVING THE OPPORTUNITY TO CONSULT WITH COUNSEL OF ITS CHOOSING, HAVE AGREED TO WAIVE ANY RIGHT WHICH THEY MAY HAVE TO A TRIAL BY JURY ON ANY SUCH MATTERS WHICH THE PARTIES HAVE AGREED TO ARBITRATE.

Initial __ (If participant is under 18, Parent/Legal Guardian must initial.)

INDEMNIFICATION AGREEMENT

In consideration of my observing or using the facilities, or equipment of OTWG, and/or in consideration of my participating in the classes or activities sponsored by OTWG, I agree to indemnify and hold harmless the persons RELEASED and DISCHARGED by me from any loss, liability, damages or cost, including reasonable attorneys' fees, that they may incur due to the presence of any claims or actions by me, or by my heirs, next of kin, assigns, or personal representatives, arising out of my observing or using the facilities, or equipment of OTWG.

Initial __ (If participant is under 18, Parent/Legal Guardian must initial.)

AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

I hereby give OTWG the absolute right and unrestricted permission to take, use, reproduce, and/or publish photographs and/or video through any form of media (print, digital electronic or otherwise) that may pertain to me including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on OTWG Internet Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, OTWG may publish materials, use my name, photograph, and/or make reference to me in any manner that OTWG deems appropriate in order to promote/publicize service opportunities.

Initial __ (If participant is under 18, Parent/Legal Guardian must initial.)

OTWG FACILITY RULES

The participant acknowledges that they have access to, and understand, the posted rules of the _____ facility and agree to follow ALL rules of the facility and to comply with the judgement of the facility staff. Any infractions of the posted rules will result in loss of privileges for that attraction.

Initial __ (If participant is under 18, Parent/Legal Guardian must initial.)

I HAVE READ THIS AGREEMENT THOROUGHLY AND UNDERSTAND THE TERMS. NO ORAL REPRESENTATIONS OR STATEMENTS OR INDUCEMENTS HAVE BEEN MADE TO ME THAT CHANGE, ALTER OR MODIFY ANYTHING WITHIN THE WRITTEN AGREEMENT. I AGREE TO SAID TERMS. (ALTERATIONS OR MODIFICATIONS TO THIS DOCUMENT ARE NOT ALLOWED)

Signature (If participant is under 18, Parent/Legal Guardian must sign.)
I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR AND I AM SIGNING THIS RELEASE ON BEHALF OF THE MINOR.

Street (Print)

Drivers License #

Email Address for parent or guardian

Date

City (Print)

State

Zip

Participants Birth Date

Age

Phone Number

Emergency Contact Name

Phone Number

Email Address

Do you know of, or have your been advised of, any medical conditions that the participant have that would prevent you from safely, participating in the activities of rock climbing and or belaying.