



St. Barnabas Summer Camp

Child's Name _____

DOB: _____ Age: _____ Allergies _____

Parent/Guardian Name _____

Address: _____

Phone: _____

Email Address: _____

Check the camps that you are interested in attending:

____ Camp week one only: \$150.00 (June 23rd-26th) 9am-1pm

____ Camp week two only: \$150.00 (June 30th-July 3rd) 9am-1pm

Both weeks: \$290.00

**Fees are
non-refundable**

Warning of Risk: Our program is intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury when participating in any activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premise defects, inadequate or defective equipment, inadequate supervision, instruction, or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the St. Barnabas Christian Preschool to guarantee absolute safety.

Waiver and Release of all Claims and Assumption of Risk: Please read this form carefully and be aware that in signing up and participating at St. Barnabas Christian Preschool Day Camp identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said day camp.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive or relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against St. Barnabas Christian Preschool including its officials, agents, volunteers, and employees (hereinafter collectively referred to as "St. Barnabas Christian Preschool") I do hereby fully release and forever discharge St. Barnabas Christian Preschool from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward arising out of, connected with, or in any way associated with these activities.

I have read and fully understand the above important information, warning of risk, assumption of risk, and waiver and release of claims. If registering via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature of Parent: _____

Date _____

Emergency Phone Number: _____