



Connecting Cultures



**CITY OF ATLANTIC CITY
MULTICULTURAL AFFAIRS & SERVICES
SUMMER CAMP PROGRAM - REGISTRATION FORM**

CHILD'S INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

PHONE: _____ CELL #: _____

D.O.B.: _____ AGE: _____ EMAIL: _____

WAIVER OF LIABILITY

In consideration of the benefits to be derived by _____ from the City of Atlantic City, I hereby waive any and all rights of action, suits, claims, or demands whatsoever against the City of Atlantic City or its affiliates, officials or employees which might arise out of participation in the Multicultural Affairs and Services Summer Camp. I assume the risk of all dangerous conditions that do exist and waive any and all specific notice of the existence of such conditions. I hereby grant full permission to use my name, photograph or picture in any telecast, for advertisement or promotion.

MEDICAL RELEASE

Physicians Name: _____ Physician's Phone #: _____

Existing Medical Condition (optional): _____

Specific Procedure to follow in the event of an Emergency: _____

Contact Person(s) in the event of an Emergency: _____

Contact Person(s)#: _____

The city of Atlantic City provides no Health Insurance. The responsibility for adequate Health insurance Coverage rest solely with the Participant. In the event of an Emergency, 911 will be called.

Parent/Guardian Name (Print)

Signature of Parent/Guardian

Parent/Guardian - Contact Information (Required)

Parent/Guardian #1

First _____ Last _____
Street _____
Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____
Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____
Work phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Emergency Contact Information – Pickup Authorization (Required)

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____
Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2 (Optional)

First Name _____ Last Name _____ Home Phone _____
Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Release Walk home Authorization (Required)

I, _____ (Name of Legal Guardian) give my permission for
_____ (Name of Child) to be released at 3:30pm and walk home.

Parent/Guardian Signature: _____ **Date:** _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

Parent Consent Statement Form (Required)

*As the parent/guardian, I certify that my child has my permission to participate in the Multicultural Service Camp Program. I understand that he/she will be subject to the regulations of City of Atlantic City Multicultural Affairs & Services Code of Conduct. I also agree that my child will follow the instructions of the camp personnel and will treat other campers/adults with courtesy and respect. I understand that if my child fails to do so, he/she will not be allowed to participate in the camp. I understand that I am responsible for giving my child permission to participate in the program. All risks associated with participating in the program, including but not limited to bodily injury, are assumed by me, as indicated by the signature below.

Parent/Guardian Signature: _____

Date: _____

