

Kids Camps Registration Form

Child

First _____ Middle _____ Last _____ Gender: Male __ Female __
 School Name _____ Grade _____ Birth date ____/____/____ Age (as of March, 2019) _____

Parent/Guardian - Contact Information

First _____ Last _____
 Street Address _____ Town/City _____ Province _____
 Postal Code _____ Home/Mobile Phone _____ Work Phone _____
 E-mail _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

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

Medical Information

Insurance Policy Number _____ Name of Health Insurance Provider _____
 Primary Physician _____
 Address _____
 Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

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 have an anaphylactic allergy that requires the use of an **Epi-Pen**

Yes__ No__ If yes, explain: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that AOMA will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Kids Camps Registration Form

AOMA Waiver & Release of Liability:

I hereby give permission for my child/ward (my child), named on this form, to participate in the indicated camp (the camp) offered by AOMA and I request AOMA to permit my child to participate in the camp. I give permission for my child to participate in all camp activities, both in the AOMA studio and adjacent park outside. I understand that there are inherent risks involved in the activities that my child will engage in at the camp. I recognize that these risks could result in losses that involve physical injury or emotional distress. I have fully informed myself about the nature of these risks, and the types of controls AOMA intends to utilize to reduce the risks of these activities. I am satisfied that the camp is suitable for my child. I have been provided and read the description in the AOMA Itinerary (print or online) and recognize that I have been encouraged ask for clarification or further information about these matters. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS AOMA, their owners, instructors, contractors and/or employees;

I also understand and agree:

1. That the physical demands of this camp require that my child be medical, physically, and emotionally fit and fully able to participate in the activities. I know of no reason why my child should not be able to participate safely in the camp. The camp's instructors reserve the right to refuse my child's participation in any activity if they deem that he/she is not fit to participate;
2. That AOMA and the Camp's Instructors reserve the right to refuse my child's participation in any activity if he/she is considered to be a hazard to himself/herself or other participants.
3. That for the camp's transportation they will provide a school bus contractor;
4. That I consent to such First Aid and clinical treatment of my child, in the event of emergency, as the attending camp staff, ambulance personnel, or health care professionals may advise. I will be responsible for any medical or other charges in connection with his/her treatment or attendance. I understand that it is my responsibility to ensure that my child is adequately insured for medical treatment;
5. That my child and I agree that any pictures and video taken by AOMA may be used in any promotion or advertisement for the camp;
6. That I have read and agree to the Refund, Transfer, and Cancellation Policy. I understand that if I do not wish to agree to this information I may receive a full refund for the fees paid.

Parent's/Guardian's Initials _____

Photo Release

I hereby give permission for my child to be photographed during the **AOMA Kids Camp**. I understand the photos will be used to keep a journal of activities and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of AOMA Camp.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **AOMA Camp** activities by modes of transportation agreed to by the camp organizers.

Guardian Signature: _____ Date: _____