

CAMP S.W.A.G. (STUDENTS WITH AMBITIONS & GOALS)

PARENT CONSENT AND CONDITIONS OF REGISTRATION FORM

Camper Name

Authorization for Camper Pick-up

Camp S.W.A.G. will release your child to either parent (or persons authorized by same) on our site at any time during the day if parental arrangements for pick up have been made beforehand with the camp office. If both parents do not live at the same address, the above procedure will apply unless restricted by a court order. Absent same, disputes between parents must be resolved immediately or Camp S.W.A.G. reserves the right to terminate this contract and dismiss the child. Should this action be required, no refund will be made. I give my permission to the following people, other than the child's parents, to pick up my child at the end of the camp day, after care, or at any other time deemed necessary. Your child will not be released to anyone else without written permission. This will be strictly enforced.

Name
Relationship to Camper
Name
CUSTODY: Mother: _____ Father: _____ Joint: _____
Name
Phone
Other (please specify) _____ N/A: _____

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The parent who signs this form represents that he/she has full authority to do so and will be responsible for payment of the camp fees. It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in North Carolina and shall be construed in accordance with the laws of North Carolina.

I agree to allow my son/daughter to participate in the activities offered as part of the Summer Day Camp Program at Camp S.W.A.G. I understand that Camp S.W.A.G. reserves the right to change or cancel any camp program/trip/activity due to circumstances beyond our control. I understand my child will be expected to abide by the rules and regulations set by the Director of the Camp S.W.A.G. Day or Resident Camp. I have reviewed the Camper Rules with my child and we understand that failure to uphold these rules may result in immediate dismissal from Camp S.W.A.G. with no refund of camp fees.

In consideration for accepting this application, I, the undersigned, intending to be legally bound for myself, my heirs, executor and administrators, waive and release any and all rights and claims for damages I may have against any and all agents, chaperones, employees of Camp S.W.A.G. and any other sponsors, their representatives, successors and assigns for any and all injuries and/or damage suffered by my son or daughter in connection with any and all activities provided during the Day or Resident Camp Program (including regular summer day camp sessions, before care, after care, field trips, etc.). My, son/daughter is in suitable physical condition to participate in all camp activities, except where noted on the Medical Information Form.

I further understand that photographs, photographic images, videotapes, and likenesses of my child may be used in connection with publicity, publications, websites, brochures, flyers, and other promotional activity of Camp S.W.A.G.

I am certifying that I agree with all the above statements.
Parent/Guardian Name (please print)
Signature of Parent or Guardian and Date