

Child's Name: _____

Release of Liability. I understand that strict observation by me, of the rules and regulations of America's Best Kids including the use of protective equipment, will largely eliminate the possibility of accident or injury, and I hereby represent that I am physically fit to take the prescribed course of instruction and that I have had an opportunity to observe and/or participate in lessons prior to the signing of this agreement. I have chosen and voluntarily agree to use the facilities, equipment and resources provided by America's Best Kids at my own risk with knowledge of the risks involved. I further understand and agree that I release from liability and waive any and all claims or actions for personal injury or death or property damage or loss against America's Best Kids, its owners, officers, operators, employees and affiliated persons, whether caused by the fault, negligence, omission, or any other act however caused, of America's Best Kids. X _____

* This representation is made for me and/or my child.

Cancellation. I understand that I may cancel this agreement without any penalty or further obligation within three business days after the date of this agreement, excluding Sundays and holidays. After three days, a full refund less 10% processing fee will be granted if cancellation is made 30 days or more before first day of the camp week, a 25% processing fee will be charged if made 15– 29 days prior to first day of the camp week. (Note: Campers attending individual days are considered a camper during the weeks that their individual days fall within for cancellation purposes) No refunds are granted 14 or less days. Notice of cancellation shall be in writing to America's Best Kids, 1914 Skypark Drive, Medford, OR 97504. All students are considered enrolled in the camp until notice is given regardless of attendance. X _____

Rescheduling:

Scheduled camp dates may be changed up to 7 days prior to that weeks camps when space is available. Notice of cancellation shall be in writing to America's Best Kids, 1914 Skypark Drive, Medford, OR 97504. All students are considered enrolled in the camp until notice is given regardless of attendance. X _____

Late Fee. If monthly payment is more than 5 days past due, a late fee of \$5.00 will be charged. In the event an account is more then 30 days past due a 10% penalty on the entire amount due will be assessed. (Late fees accrue on a monthly basis.)

Supplemental Programs. Training supplements, privates, special programs, seminars, camps and special events are considered to be non-refundable, unless otherwise specified.

Late Pick Up. If a student is not picked up immediately after his/her camp/class, a charge of \$10 will be applied to your account and \$1 a minute for every minute after the first 10 minutes. X _____

AMERICA'S BEST KIDS
CAMP REGISTRATION FORM
(Please print clearly with blue or black ink)

Parent/Guardian's Full Name _____

Relationship _____

Home Phone _____ Cell Phone _____

Street Address _____

City _____ State _____ Zip Code _____

Email _____

Parent/Guardian's Full Name _____

Relationship _____

Home Phone _____ Cell Phone _____

Street Address _____

City _____ State _____ Zip Code _____

Email _____

Child's Full Name _____

DOB _____ Age _____ Gender _____

Home Address _____

City _____ State _____ Zip Code _____

Other Household Members/Persons authorized to pick up your child/children from Americas' Best Kids child care program (Photo ID will be required!!)

Name _____

Relationship _____

Phone Number _____

Name _____

Relationship _____

Phone Number _____

Name _____

Relationship _____

Phone Number: _____

**AMERICA'S BEST KIDS CAMPERS
EMERGENCY INFORMATION**

*Physician's Name _____

Phone Number _____

Address _____

*Dentist's Name _____

Phone Number _____

Address _____

*Insurance Company _____

Address _____

Phone Number _____

Policy Number _____

Emergency contacts

Full name: _____

Relationship _____

Home Phone _____

Cell Phone _____

Home address _____

Please list your Childs allergies/medications/medical conditions

(Childs Name)

(Type of allergy/medical condition)

Medical Release

In case of extreme emergency, I hereby give program administrators and pre-hospital emergency medical personnel permission to take whatever emergency medical action deemed necessary and I authorize transport of my child/youth, _____, to an emergency facility. Further, I accept full responsibility for any and all costs involved in the rendering of such emergency care and agree to hold America's Best Kids Club and its employees harmless.

Signature of Parent or Guardian Date

Field Trip/ Transportation Authorization

I hereby give Americas' Best Kids Sports Center staff permission to transport _____ for scheduled field trips with the America's Best Kids camp program. It is my understanding that transportation will be provided by vans owned by Americas' Best Kids Sport Center, each van will have the correct number of seat belts and will be driven by a licensed driver who is at least 18 years of age. All rules and regulation set forth by Americas' Best Kids Sports Center after school site and the child care division will be upheld during transportation. It is my understanding that scheduled field trips will be announced ahead of time and cleared with the parent/guardians of the child/children.

Signature of Parent or Guardian Date

Swimming Release

I hereby give America's Best Kids Sports Center Staff permission to take my child _____ swimming in America's Best Kids swimming pool. It is my understanding that at all times my child will remain on site and be supervised by an America's Best Kids Sports Center Red Cross Certified lifeguard and America's Best Kids child care staff. During the time which my child/children are swimming with camp, he/she is under the rules and regulation set forth by America's Best Kid's Sports Center.

Signature of Parent or Guardian Date

ABK Staff Release

I hereby give America's Best Kids Sports Center staff permission to sign my child _____ in and out of camp on my behalf to participate in activities offered by Americas' Best Kids Sports Center. It is my understanding that at all times my child will remain on site and be supervised by an Americas' Best Kids Sports Center staff member. During the time which my child/children are signed out of camp he/she is under the rules and regulations set forth by Americas' Best Kid's Sports Center. I understand that this class is offered by Americas' Best Kid's Sports Center not ABK camp and that the certificate from the Child Care Division for operation of a child care center does not apply. Therefore, the standards from the Rules for the Certification of Child Care Centers may not apply. Some ABK staff may not meet minimum state child care standards, the staff to child ratio may not meet state child care standards and the ABK staff may not have completed a Child Care Division criminal record check.

Signature of Parent or Guardian Date

Photo Release

I do hereby give America's Best Kids the irrevocable right to use picture or photograph in all forms for display or advertising or any other lawful purposes. X_____