

Timothy C. White
Recreation Director

Ben Carter
Superintendent



P.O. Box 190
117 North 343
Camden, NC 27921

Phone (252) 338-1919 ext. 265
Fax (252) 333-1603
www.camdencountync.gov

2014 Summer Camp Registration Form Camden County Parks and Recreation

Participants Name: (PRINT) _____

Parent/Guardians Name: (PRINT) _____

Address: _____

Phone Numbers: (home) _____ (work) _____ (cell) _____

Age: _____ Date of Birth: _____ Sex: _____

Circle Camp

Volleyball Prep Camp (\$75) Check Payable to Camden Volleyball Club

Baby Sitting Certification (\$35) Check Payable to Pasquotank County 4-H

CPR Certification (\$35) Check Payable to Pasquotank County 4-H

Beginners Fast Pitch Camp (\$40) Checks Payable to Michaela Hankins

Skateboard Camp (\$70) Check Payable to Camden County

Canoeing & Kayaking Club (Free) Form MUST be filled out.

WAIVER AND RELEASE

I, the undersigned, participant, parent or legal guardian of the participant, a minor, hereby authorize Camden County Staff acting in the capacity of activity supervisor/vehicle driver, as my agents, to consent to emergency medical, surgical or dental examination and/or care at any hospital.

I understand that participation in sports and physical activity may lead to physical injury and hereby give my permission for myself and or my child to participate in the program(s) I have indicated above. I hereby assume the risks of personal injury that may result from program activities.

I verify that to the best of my knowledge that I or the above named participant is fully able to fully participate in all activities associated with these programs. As a participant in a sports environment, the above participant accepts the responsibility to play in a sportsmanlike manner and accepts the inherent risk of athletic injury.

I hereby consent and or give my consent as a parent/guardian to participation of my child in the programs I have indicated above, and further give our consent to the transportation of my child to and from said activities and trips in the State of North Carolina and Virginia.

I hereby expressly acknowledge my participation and or my child's participation in these activities will involve them being transported to and engaging in activities on the properties of different Camden County homeowners and I hereby consent to the same. I hereby release, discharge, indemnify, and hold harmless those homeowners and their agents from any claims arising out of or relating to any physical injury that may result to said individual while participating in Camden County sponsored events on their properties, including any physical injury caused by the negligence of any staff, official, referee or coach while performing his/her duties during any practices, games or activities.

In consideration for myself and or my child being permitted to participate in the programs I have indicated above, related events and activities, the undersigned acknowledges and agrees that: as the natural parent and/or the legally authorized guardian do hereby for myself, my spouse, my child, and on behalf of my/our heirs, personal representatives and assigns, agree not to sue and hereby release, waive, discharge, hold harmless and indemnify and forever defend Camden County, its employees, volunteers, and other representatives, individually and collectively, from any and all liability, losses, claims, actions, suits, procedures, demands, rights and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illness, damage to property, or other losses, and any consequences thereof, including expenses, costs and attorney's fees, as may be sustained by my child or me arising out of or in any way associated with my child's participation in programs I have indicated below, or travel incident thereto, whether by negligence or not to the fullest extent permitted by law.

The risk of serious injury to me and or my child from these activities does exist including the potential for permanent disability and death. I understand and fully acknowledge that I or my child's participation in these activities is solely at our own risk and I assume full responsibility. I hereby further declare that my child is physically able to participate in these activities.

I HAVE CAREFULLY REVIEWED AND VOLUNTARILY AGREE TO THE TERMS OF THIS WAIVER AND RELEASE OF LIABILITY AGREEMENT.

DISCIPLINE PROBLEMS WILL NOR BE TOLERATED. OFFENDER(S) WILL BE DISMISSED FROM THE CAMP OR ACTIVITY WITHOUT ANY REFUNDS.

Signature of Parent/Guardian

Office Use:

Amount Paid: _____

Receipt # _____