

FREELAND SPORTSZONE SUMMER DAY CAMP 2018

Male _____ Female _____

Participant Name (Last, First)

Street Address City Zip Code

Home Phone # Work/Other Phone # E-Mail Address

Indicate Any Allergies/ Health Concerns/Physical Limitations: _____

Grade Emergency Contact Name Relationship to Participant

Emergency Contact # Other #

I understand that Freeland Community Sports Association (FCSA) and Tittabawassee Township DDA & it's departments, employees, agents, sponsors, co-sponsors, & contractors assume NO responsibility for any injury that may be suffered by the participant and that the participant assumes all risk, personal injury, loss & damage of property. I fully release from liability and/or damages, FCSA & Tittabawassee Township DDA and all of its parties from injury or damages on behalf of our child and/or ourselves. In case of emergency I give my consent to emergency medical treatment.

I also authorize Freeland SportsZone to publish photographs and/or video taken for potential use in printed and/or online-based marketing materials, as well as future possible Freeland SportsZone publications.

I give my permission for my child to participate in the Freeland SportsZone's visits to the Township Park on Wednesdays during Summer Day Camp to enjoy the Township's Fun Day Program

I understand that my child will be transported from the Sportszone (9:30 a.m.) to the park and back to the Sportszone (12:30 p.m.) by a Freeland Community School Bus.

Signature of Parent/Guardian Date

Rock Climbing Unit:

Your child has the opportunity to participate in a climbing wall unit as a part of our Summer Camp Program. We are using a traverse climbing wall to host many exciting activities. At its highest point, the wall measures eight feet and is approximately 6 feet long. Participants climb horizontally across the wall and their feet should never be higher than three feet of the ground. Your child will be informed of safety rules and will climb under the careful supervision of the Summer Camp Program Staff at all times.

In order for your child to participate in our climbing wall unit, I must have a signed permission slip. Should you have any questions regarding this exciting educational opportunity, please do not hesitate to contact the Freeland SportsZone.

_____ has my permission to participate in the climbing wall unit at Freeland Sports Zone. I understand that this activity involves some risk injury and I will stress the importance of following the safety rules when we discuss this activity at home.

Signature of Parent/Guardian Date