

Summer Camp 2009 Registration Form



Authorized Pick-Up:

☺ Please list people you authorize to pick up your child
☺ Remember to include yourself, your spouse, family members, carpool drivers and neighbors. Photo ID will be required.

Authorized Name	Relationship	Daytime Phone Number
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Authorized Name	Relationship	Daytime Phone Number
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Authorized Name	Relationship	Daytime Phone Number
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Emergency Information:

☺ If we cannot locate a parent in an emergency, please list two people that we can contact that can authorize any emergency treatment for your child.

Authorized Name	Relationship	Daytime Phone Number
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Authorized Name	Relationship	Daytime Phone Number
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Waiver & Release of Claims:

It is expressly agreed that all use of the City of Independence's and/or the Independence Local School District's property, equipment and services, and participation in, or a spectator to, any programs conducted within or on the property of the City of Independence and/or the Independence Local School District and any transportation provided by the City of Independence and/or the Independence Local School District shall be undertaken by me, or my child, or my legal ward at my/his/her sole risk, and the City of Independence and/or Independence Local School District shall not be liable for injuries or any damages to me, or my child, or my legal ward, or to any of my property, or my child's property, or my legal ward's property, or to be subject to any claim, demand, injury or damages whatsoever, including, without any limitation, those injuries and/or damages resulting from acts of active or passive negligence on the part of the City of Independence and/or the Independence Local School District, their employees, agents, representatives, officials, or board members. I, for myself and on behalf of my children, my executors, administrators, legal wards, heirs, assigns and successors, do hereby expressly forever release and discharge the City of Independence and/or the Independence Local School District, their employees, officials, agents, board members, assigns and/or successors from all such claims, demands, injuries, damages, actions or causes of actions whatsoever.

If applicable and in addition to the above, I have read and understand the policies that have been set in place by the City of Independence that are outlined in the **Summer Camp Program** Registration Information sheet.
I agree to all of the foregoing policies.

Please sign below to acknowledge that you have read and understand this Waiver and Release of Claims, and that all Emergency Contact Information is accurate.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date