

*Registration Form*  
**SOS KidSport Summer Camp 2008**

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Interests: \_\_\_\_\_

Session One: \_\_\_\_\_  
(June 23<sup>rd</sup> through June 27<sup>th</sup>)

Session Two: \_\_\_\_\_  
(July 7<sup>th</sup> through July 11<sup>th</sup>)

Session Three: \_\_\_\_\_  
(July 14<sup>th</sup> through July 18<sup>th</sup>)

Session Four: \_\_\_\_\_  
(July 21<sup>st</sup> through July 25<sup>th</sup>)

Session Five: \_\_\_\_\_  
(July 28<sup>th</sup> through August 1<sup>st</sup>)

Session Six: \_\_\_\_\_  
(August 4<sup>th</sup> through August 8<sup>th</sup>)

Payment Type:

Cash: \$ \_\_\_\_\_  
*Please do not mail cash.*

Visa: \$ \_\_\_\_\_

Check: \$ \_\_\_\_\_

MC: \$ \_\_\_\_\_

SOS: \$ \_\_\_\_\_

Member #: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

\_\_\_\_\_

Please list any medical information that an emergency technician must know when providing emergency medical services such as: allergic reactions to medications, diabetes, heart problems, etc.: \_\_\_\_\_

\_\_\_\_\_

Does your child need to use sunscreen for outside activities? Yes \_\_\_\_\_ No \_\_\_\_\_

*(If yes, please make sure they bring it daily. Sunscreen is not provided by the SOS Club. The camp staff will make sure that it's applied.)*

You may pick up your child between 4:00pm and 5:00pm daily. For late pick-ups (after 5pm) child will be checked into Daycare, and regular Daycare fees will apply.

# *Participation Agreement and Release from Liability*

## Voluntary Participation

I acknowledge that I have voluntarily decided to let \_\_\_\_\_  
participate in the 2008 Summer Activities Camp scheduled at the SOS.

## Assumption of Risk

I am aware that the activity has inherent risks associated with physical exercise, including minor injuries such as sprains, major injuries such as heart attacks, and catastrophic injuries such as death or paralysis. I am voluntarily allowing my child to participate in, or be in the vicinity of the activity with knowledge of the dangers involved. I hereby agree to accept any and all risks of injury, illness, death or damages, and verify this statement by signing at the bottom of this form.

## Release of Liability

In consideration for being permitted by SOS for my child to participate in or observe the activity, I hereby agree for myself, my family, heirs, assigns and legal representatives to release and indemnify SOS, its officers, employees, agents, contractors, and any sponsors of the activity from any and all liabilities, costs and claims, including those caused by the negligence of the SOS or others, resulting in personal injury, accident, illness, property damages, or other damages.

## Knowing and Voluntary Execution

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and contract between me and the SOS, and sign it of my own free will.

Executed at Modesto, California, on \_\_\_\_\_, 2008

Parent's Signature: \_\_\_\_\_