



Fort Ritchie Community Center / 14421 Lake Royer Drive / Cascade, MD 21719 / 301-241-5085 www.thefrcc.org

2017 Summer Camp Information Form

PARTICIPANT INFORMATION

Child's Name _____ Age _____ Grade _____

Address _____

Home Phone _____ Date of Birth _____ Gender _____

PARENT AUTHORIZATION WAIVER

Authorization for use of Visual Likeness: On behalf of the Child named above, his/her parents, guardians and heirs, I do hereby consent and agree that the Fort Ritchie Community Center (FRCC), its employees and agents, shall have the right to record visual images of the Child named above for purposes of promoting and publicizing FRCC programs and do hereby release and waive all rights, claims, or interests to own, control or receive compensation from the use of such visual images. I warrant that I am authorized to grant the consent and to make the release and waiver indicated herein.

Signature of Parent/Guardian

Date

Waiver of liability for injuries: On behalf of the Child named above, his/her parents, guardians and heirs, I do hereby agree to assume the full risk of any injuries, including death, damages or loss which may be sustained by the Child named above as a result of participating in any and all activities connected with or associated with the Summer Program and to release, hold harmless, indemnify and covenant not to sue the Fort Ritchie Community Center (FRCC), their agents, employees and volunteers for injuries, including death, damages or loss which may be sustained by the Child named above as a result of participating in any and all activities connected with or associated with the Summer Program. In the event of any injury to the Child named above, I will notify the FRCC immediately. I warrant that I am authorized to make the release and waiver indicated herein.

Signature of Parent/Guardian

Date

PICK-UP INFORMATION

Parent/Guardian Contact #1 _____

Parent Phone # Best Daytime _____

Approved Pick-Up #2 Name _____ Phone # _____

Approved Pick-Up #3 Name _____ Phone # _____

The Fort Ritchie Community Center (FRCC) Summer Camp Program is authorized to release my child only to the individuals above. I understand that each authorized person must be at least sixteen (16) years old and that my child will NOT be permitted to leave the camp with anyone not listed above. All authorized individuals will be required to show identification and sign the child out each day. A late fee of \$5.00 per participant for every 15 minutes will be assessed for campers not picked up by closing time (5:00PM). Payment is due within 7 days of notification of late fee. Your signature below indicates you have read and agree to these terms.

Signature of Parent/Guardian

Date

In the event of an Emergency, I give permission for my child to be transported by ambulance to the hospital

Yes _____ No _____

Parent/Guardian Signature: _____

Date: _____