

Student Information		Drop Off Time:_____	Pick-Up Time:_____
Full name		Age _____	
Parents/Guardians Name			
Home address (OF CHILD)			
Mobile or cellular phone #1			
E-mail address			
Birthday (MM/DD/YYYY)			
Special Education/IEP <input type="checkbox"/>	Details:		
Emergency and Medical Information			
	Contact #1	Contact #2	
In case of emergency, contact (Name)			
Emergency contact's phone			
Current medications:	Known medical conditions:	Known allergies:	
Transportation & Authorized Pick-up List (Other than Parents)			
Name	Relationship	(Phone #'s)	

(Please initial all sections below)

Liability Waiver:

_____ I understand that participating in summer camp activities is potentially hazardous, and that I should not register my child unless he/she is medically able. During the student's participation, the student shall comply with all applicable Codes of Conduct. I assume all risks (known and unknown), even if arising from the negligence of the Releasees (as hereafter defined) or others, and assume full responsibility for my child's participation. In the event that the participant can not comply with the Codes of Conduct, with the discretion of the Administration, can result in immediate removal from Activities or Camp Expulsion. Risks associated with summer camp include, but are not limited to, falls, contact with other participants, and the effects of weather. This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releasees, and for myself, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in ABC Montessori's Summer Camp, to the fullest extent permitted by law. Should the participant's violation result in damage, the parent/guardian with legal responsibility for this participant will (a) pay to restore or replace any property damaged as a result of the Student's violation, (b) pay any damages caused to bodily injury to an individual, and (c) defend, protect and hold ABC Montessori harmless from such property damage or bodily injury claims.

Release and Authorization to Participate in Athletics, Physical Education and School Trips

_____ I give my consent for my child to participate in ABC Montessori Summer Camp's approved sports, extra-curricular and school activities and school trips with transportation being provided by any teacher, any coach, paid carriers, other representatives of the school or any parent. I understand that by participating in physical education and athletics at ABC Montessori Summer Camp, my child may be exposed to the risk of serious injury, including but not limited to, injuries such as sprains and fractures, and injuries that could result in brain damage, paralysis, or even death.

_____ I give participation for my child to participate in the animal husbandry program. I assume all risk associated with the care and handling of the animals. I release ABC Montessori from any and all liabilities engaged from participating in the animal husbandry program. I further agree to use the equipment, horses or any other animal in a safe manner and only as directed.

Photo/Video Release

Throughout summer camp, there are occasions when the ABC Montessori School will want to take pictures/videos of your child participating in activities. We may use these pictures/videos in ABC Montessori School publications, local newspapers, school website and/or homerooms, advertising, or on display at ABC or affiliated advertising mediums. We are requesting that you sign a photo/video release for your child. Thank you in advance for your support and understanding.

I give my consent for ABC Montessori School to use pictures/video of my child. I do not give my consent for ABC Montessori School to use pictures/video of my child.

Parent/Guardian Signature: _____ Date: _____