



EVENT: **Summer Camp Field Trips**

LOCATIONS: _____

DATE OF EVENT: _____ TIME: _____

INDIVIDUAL(S) IN CHARGE OF AND RESPONSIBLE FOR EVENTS: **Spokane club employee(s)** _____

MODE OF TRANSPORTATION: **Walking to locations/Durham Bus Services/Spokane Transit**

To Whom It May Concern:

The undersigned parent(s)/legal guardian give permission for our (my) child _____ to attend and participate in the above-described events.

We(I) understand that these events will take place at a location away from Spokane Athletic Club property, that the above-described modes of transportation to and from the location will be used, and that our (my) child will be under the supervision of the above-designated individual(s).

In case of a medical or dental emergency, we (I) give our (my) consent and authorization for any necessary treatment, to include treatment by a licensed physician or dentist and transfer to any hospital reasonably accessible.

The following information is provided for any licensed physician, dentist, or hospital not having access to our (my) child's medical history:

ALLERGIES: _____ MEDICATION BEING TAKEN: _____

FAMILY PHYSICIAN: _____ PHYSICIAN PHONE NUMBER: _____

MEDICAL INSURANCE COMPANY: _____ POLICY NO.: _____

OTHER PERTINENT INFORMATION: _____

IN CASE OF AN EMERGENCY, WE (I) CAN BE REACHED BY PHONE AT:

HOME: _____ WORK: _____ Cell: _____

We (I) shall be liable for and agree to pay all costs and expenses incurred in connection with any medical or dental treatment rendered pursuant to this authorization. Further, should it be necessary for our (my) child to return to the Club due to medical reasons, or otherwise, we (I) agree to pay transportation costs.

Finally, in consideration for our (my) child's participation in this event, we (I) release, discharge and agree to hold harmless the Spokane Athletic Club, members and employees from any and all liability, claim or demands for personal injury, illness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by us and/or our (my) child while our (my) child is participating in the event (including transportation to and from the event), hereby assuming all risk of personal injury, illness, death, damage and expense as a result of participation in this event.

We (I) have fully read this form and sign voluntarily with knowledge of its terms and conditions.

Mother Date

Legal Guardian

Date

**PARENTAL PERMISSION SLIP
AND
LIABILITY RELEASE FORM**



SPOKANE CLUB

Waiver and Release – Minor/Child(ren)

I, as a parent or legal guardian of the minor/child(ren) listed below agree that the listed minor/child(ren) will abide by the rules of the Club. I declare that my minor/child(ren) are physically able to participate in **Spokane Club’s Camp** or physical activity and agree that all use of the Club’s facilities, programs, and services undertaken by the listed minor/child(ren) will be done so at my sole risk and that the Club shall not be liable for any injuries, accidents, or death occurring to my minor/child(ren).

On behalf of them, their parents or legal guardians, their executors, administrators, heirs, and assigns, do hereby expressly release, discharge, waive, relinquish, and covenant not to sue the Club, its affiliates, officers, directors, agents, or employees for all such claims, demands, injuries, damages, or causes of action, including those resulting from the Club’s negligence, arising either directly or indirectly out of my participation in **Spokane Club’s Camp**, or use of, the Club’s facilities, programs, and services.

I have carefully read this agreement and fully understand its contents. I am aware that this release of liability between myself and the Spokane Club is signed under my own free will.

DO NOT SIGN WITHOUT READING – THIS DOCUMENT CONTAINS A WAIVER OF YOUR LEGAL RIGHTS

Minor/Child(ren): _____

Adult and Minor Relationship: _____

Adult Parent or Legal Guardian Signature:

_____ Date: _____



CAMP REGISTRATION and RULES

Child/Children's Name: _____ **Birthday(00/00/00)** _____

Parent's/guardian's names:

Mom _____ Dad _____

Address _____

Home Phone # _____ Mom Cell # _____ Dad Cell # _____

Email Address: _____

Member Number _____

Not member but guest of _____ member # _____

Emergency Contact (other than parent) _____ phone # _____

Any information you would like us to know about your child that will help insure he or she has a fun and happy week at camp such as fears, allergies, likes and dislikes, etc.

Rules of Camp

- Children must be signed in and out by a parent or guardian. If someone other than the drop-off parent will pick up your child, please inform camp leaders in writing.

- No electronic equipment such as hand held video games, laptops, i-pads, cell phones, etc. are allowed at camp
- **No Gum, Candy or peanut products are allowed**
- Please label all of your child's belongings
- Do not bring toys from home. We have plenty of activities to keep your child busy.

We encourage behavior that demonstrates respect for others and others' belongings. Diversion and positive verbal correction are used to discourage contrary behavior. Time-out may also be employed for a time period that is age appropriate. However, the following behavior will require that your child be removed from camp:

Continued misbehavior after time-out is administered

Biting or aggressive hitting or kicking

Damaging others or club property

Refusing repeatedly to comply with rules

Inappropriate language

I have read and understood the Spokane Club Camp Registration and Rules.

My child may be photographed for publicity for Spokane Club Events and for summer camp projects.

Signature of parent or guardian _____ Date _____

THINGS TO BRING TO CAMP

Sunscreen

Water bottle

Running shoes

Swim suit

Goggles

Sack lunch and snacks (**NO PEANUT PRODUCTS**)

Spending money (optional for snack purchases at deli or on field trips)

Send child in clothes that can get dirty. We make messes!