

Levy Learning Center Summer Camp Registration Form

Camper #1

First _____ Middle _____ Last _____
 Nick Name _____ Grade _____ Birth date ___/___/___ Age _____

Camper #2

First _____ Middle _____ Last _____
 Nick Name _____ Grade _____ Birth date ___/___/___ Age _____

Parent/Guardian #1

First _____ Last _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ E-mail _____

Parent/Guardian #2

First _____ Last _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ E-mail _____

Emergency Contact Information

First _____ Last _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ E-mail _____

Please list those people including parents/guardians who are permitted to pick up your child:

1: _____ 2: _____
 3: _____ 4: _____

Camper T-Shirt Size

Please Circle one: YOUTH S M L XL ADULT S M L XL

Medical Release Information

Insurance Information
 Policy Number _____ Name of Health Insurance Provider _____
 Family Physician _____
 Address _____ Phone _____
 Hospital Preference _____

Please list any allergies/medical problems, including requiring maintenance medication (i.e. Diabetic, Asthma, Seizures) _____

The purpose of the above information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Terms of Agreement

I understand that **Levy Learning Center** is not responsible for lost or damaged property. All payments must be made prior to participation in camp activities. All scheduled events are subject to change without notice. Camper's photos may be used for publicity purposes without prior written consent from a parent/guardian. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First responder, and/or Physician).

Signature: _____ Date: _____

**Levy Learning Center
Release and Waiver of Liability and Indemnity Agreement
(Please Read Before Signing Below)**

In consideration of being permitted to participate in any way in Levy Learning Center Winter Camp program indicated below and/or being permitted to enter for any purpose in restricted area (defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below **Levy Learning Center** event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agreed that, if at anytime, I feel anything to be UNSAFE; I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPIATE.
2. I/WE fully understands and acknowledges that: (a) there are risks and dangers associated with participation in **Levy Learning Center** events, and activities, which could result in bodily injury partial and/or total disability, paralysis, and death. (b) The Social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe. (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releases named below. (d) There may be other risks not known or are not reasonably foreseeable at his time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releases named below.
4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE **Los Angeles Unified School District** facilities used by the participant, including its owners, managers, promoters, lessees of premises used to conduct **Levy Learning Center** events or program, premises and events inspectors, underwriters, consultants and others who give recommendations, directions, or instructions, to engage in risk evaluation or loss control activities regarding Levy Learning Center facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Release" ...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.
5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held
7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant execute this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releases, the parent(s) and/or legal guardian(s) will reimburse the Release for any money, which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parents or Guardian Signature: _____

Printed Name of Participant: _____

Address of Participant: _____

Contact phone number :) _____