



**ORTHVIEW PUBLIC SCHOOLS  
2018 SUMMER CAMP REGISTRATION FORM**

**ONE FORM PER CAMP/PER CHILD**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Day Phone \_\_\_\_\_

Parent E-mail \_\_\_\_\_ School & Grade in Fall 2018 \_\_\_\_\_

**CAMP NAME**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Adventure Camp  | <input type="checkbox"/> Fairy Houses 4.5-6 yrs old | <input type="checkbox"/> Light Camera Action     |
| <input type="checkbox"/> Boaters Safety  | <input type="checkbox"/> Fairy Houses 7-9 yrs old   | <input type="checkbox"/> Phone Photography       |
| <input type="checkbox"/> Boys Basketball | <input type="checkbox"/> Family History             | <input type="checkbox"/> Strength & Conditioning |
| <input type="checkbox"/> Boys Lacrosse   | <input type="checkbox"/> Football                   | <input type="checkbox"/> Tech Time               |
| <input type="checkbox"/> Boys Soccer     | <input type="checkbox"/> Girls Basketball           | <input type="checkbox"/> Tennis                  |
| <input type="checkbox"/> Cheerleading    | <input type="checkbox"/> Kids Cook                  | <input type="checkbox"/> Volleyball              |
| <input type="checkbox"/> Co-Ed Rowing    | <input type="checkbox"/> Learn to Crochet           |  |
| <input type="checkbox"/> Co- Ed Soccer   | <input type="checkbox"/> Learn to Knit              |  |

**CAMP DATE & FEE**

Date \_\_\_\_\_ Fee \_\_\_\_\_

Need Financial Assistance

**ADDITIONAL STUDENT INFORMATION**

List allergies to food, medicine, insect bites, stings, etc.: \_\_\_\_\_

\_\_\_\_\_ Hospital Preference: \_\_\_\_\_

My child has a disability and will need special services in order to participate.      Yes      No

**PARENT/GUARDIAN INFORMATION**

The following people may be contacted to care for my child when I am not immediately available:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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The applicant and parents/guardians agree that Northview Public Schools and/or their staff, coaches, or employees will not be held responsible for any accidents or loss of personal property however caused, and agree to release Northview Public Schools and/or the 2017 summer camps from all claims or damages which may arise as a result of such accidents. Transportation is NOT available for summer camps.

Print Parent/Guardian Name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Return Registration Form & Payment to: Northview Community Education (4561 Hunsberger Ave Grand Rapids, MI 49525)**



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## Waiver of Liability & Photo Release

The undersigned acknowledges and agrees that Northview Public Schools (“Community Education Department”), assumes no responsibility for injuries or illnesses which may be sustained or incurred by me while using Northview Public Schools facilities, as a result of any physical condition or resulting from any participation in any athletic activities, sports programs, Community Education sponsored activities and or classes, or from my use of any portion of any of the Northview Public Schools facilities, including without limitation the equipment or any aquatic area. I assume all risks for any and all injuries and illnesses which may result from my participation in these activities. In consideration of the privilege of using the Northview Public Schools facilities, I voluntarily release and discharge Northview Public Schools, it’s agents, servants, and employees, from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in any activity at any Northview Public Schools facilities.

I understand that Northview Public Schools is not responsible for personal property lost or stolen while I am using Northview Public Schools facilities or on the Northview Public Schools premises.

I give permission to Northview Public Schools to use, without limitation or obligation, photographs and videos which may include my image or voice for purposes of promoting Northview Public Schools programs, and wave any copyright claim I may have in and to such photographs and video.

- I give permission
- I do not give permission

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

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 the releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releases from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Parent/Guardian signature

Student’s Name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_