



## EMERGENCY CONTACT LIST

Name of camp participant (please print): \_\_\_\_\_

**Attention Parent/Guardian:** In the event that an emergency takes place at camp involving your child, we want to make sure we can reach you or someone in your family. Often, during an emergency, the lack of information or the inability to communicate with staff causes more worry than the emergency itself. Please help us avoid this by being able to reach someone in your family at all times.

Please list below emergency contacts. Please list the contacts in the order of importance. For example, the first contact listed should be the one where we are most likely to reach you or someone you can trust.

**Emergency Contacts:**

**1<sup>st</sup> Name:** \_\_\_\_\_

**2<sup>nd</sup> Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_



**3<sup>rd</sup> Name:** \_\_\_\_\_

**4<sup>th</sup> Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (printed)

\_\_\_\_\_  
Parent/Guardian Signature



  
**WELLINGTON**  
**AUTHORIZED MEDICATION FORM**

Name of camp participant (please print):

\_\_\_\_\_

I, \_\_\_\_\_, as legal Parent/Guardian, hereby give permission for the above named child to receive/take medication during camp hours.

I understand that the City of Wellington, its agents or employees, undertakes no responsibility for administration of medication (any and all medication must be self-administered by the camp participant).

I agree and attest that a licensed physician has authorized any prescribed medication listed below.

I hereby release the City of Wellington and its agents and employees from any and all liability that may result in the above-named child taking medication.

**Medication List**

Please list below **all** the medication, both prescribed and over-the-counter, that your child is approved to take during camp hours. Please note that if a medication is not listed on this form, your child will not be allowed to take it. Please list everything, including aspirin, Tylenol, vitamins, etc.

<u>Name of Medication</u>	<u>Dose Needed</u>	<u># of Doses/day</u>	<u>When to take</u>
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Example:    Amoxicillin            1 tablet            3 times per day    with meals

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

This form will be kept on file and reviewed each day. If any changes are needed, either additions or deletions, please contact the camp coordinator or Athletics Programs Coordinator. Please remember that your child will not be allowed to take any medication that is not listed on this form.

Parent/Guardian Signature	Telephone	Date
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# AUTHORIZED PICK-UP LIST

Name of camp participant (please print): \_\_\_\_\_

Attention Parent/Guardian: Only those listed on this form will be authorized to pick up your child. Any person not listed below will be unable to pick up your child from camp.

The camp participant lives with (check the one where the participant resides the most):

Both parents: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

Persons Authorized to Pick Up Your Child: (Please include yourselves as authorized)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_



Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Persons Who Are Absolutely NOT Allowed to Pick Up the Child:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Why? \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_

Photo ID will be required when picking up child from camp.

\_\_\_\_\_  
Parent/Guardian Name (printed)

\_\_\_\_\_  
Parent/Guardian Signature

**PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK  
WAIVER – 2012**

In consideration of the services of Aerial Trapeze Academy, LLC and their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as ATA), I hereby agree to release, indemnify, and discharge ATA, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

1. I acknowledge that my participants in learning the trapeze art entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** Circus activities entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, circus students would not improve their skills, and the enjoyment of the activities would be diminished. Circus activities expose its participants to the usual risk of cuts and bruises. Minor rope burns might occur from falling into the net. Other more serious risks exist as well. Traveling to and from shows, meets or exhibitions, raises the possibility of any manner of transportation accidents. In any event, if you or your child is injured you and your child may require medical assistance at your at your own expense.

Furthermore, ATA employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless ATA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of ATA's equipment of facilities, **including any such claims which allege negligent acts or omissions of ATA.**
4. Should ATA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the cost of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against ATA, I agree to do solely in the State of Florida, and I further agree that if the substantive law of Florida shall in that action without regard to the conflict of law rules of that State. I agree that if any position of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against ATA on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant: \_\_\_\_\_ Print Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT OR GUARDIAN'S ADDITIONAL IDEMNIFICATION  
(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by ATA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless ATA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_