



MIRAMONT

Kids Kamp Registration

One Form Per Child

Child Information

Child's Full Name: _____

Birth Date: _____

Address: _____
Street City State Zip

Cell Phone: _____ Home Phone: _____

Email: _____ Gender: _____ Age at Start of Camp: _____

If a guest, name of MCC Member sponsor: _____

Kids Kamp Registration (mark all that apply)

After School Program (ages: K-8th)

Tuesday-Thursday

4:00pm-6:30pm

- Tuesday
- Wednesday
- Thursday

Primary Contact

Parent/Guardian Name: _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ MCC Member #: _____

Secondary Contact

Parent/Guardian Name: _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact

Parent/Guardian Name: _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Participation Waiver

Please read carefully and sign below. I, the undersigned, understand that each of Miramont Country Club, its parent companies, affiliates, and inter-related companies (collectively, "Miramont Country Club") assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any

equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness, which may result from his/her participation in these activities and I hereby release Miramont Country Club, its agents, servants, and employees from any and all claims of injury, illness, death, loss or damage which he/she may suffer as a result of his/her participation in these activities and I recognize that Miramont Country Club will make every reasonable effort to minimize exposure to known risks associated with the program. I understand that Miramont Country Club is not responsible for personal property lost or stolen while Members and/or program participants are using the Miramont Country Club facilities on Miramont Country Club premises. I give permission to Miramont Country Club to use, without limitation or obligation, photographs, film footage, my child's image or voice for purpose of promoting or interpreting Miramont Country Club programs. I acknowledge the Waiver as set forth.

Transportation Agreement

Your child may be using golf cart transportation provided by Miramont Country Club. This will be for transportation around the Club. By my signature below, I give permission for my child to travel by golf cart with Miramont Country Club staff.

Illness

In the case that your child becomes ill during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the facility as soon as possible. In the case that your camper or anyone in the immediate household of the camper develops a reportable communicable disease as defined by the State Board of Health, it is the responsibility of the parent or guardians to notify Miramont Country Club within 24 hours or the next business day in order for Miramont Country Club to take proper action, except in the case of life threatening diseases which must be reported immediately.

Emergency Authorization

Please read carefully and sign below. My signature authorizes the management and staff of Miramont Country Club to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. By my signature I hereby waive, release and hold harmless Miramont Country Club, it's management, volunteers, agents, and staff from any and all liability for any injuries, death, or illness sustained and/or incurred while at camp and/or while using any facilities of, or participating in any of the activities or Miramont Country Club. I/we grant permission for emergency medical treatment and/or routine medical care by the Miramont Country Club camp staff, an ambulance, or private physician and/or hospital or emergency health care staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases Miramont Country Club from any and all liability and/or financial responsibility for any medical expenses incurred.

Waiver of Liability

The signature below signifies acceptance of the following waiver of liability. I acknowledge that Miramont Country Club may compile address labels and lists and may utilize photographs of the named individual. I consent to these uses of my name, address and likeness and hereby waive all rights to compensation for their use in the promotion and/or operation of Miramont Country Club.

To induce Miramont Country Club to accept registration and permit participation in Miramont Country Club sports programs, I hereby give my consent and agree to release, indemnify and hold harmless Miramont Country Club its officers, officials, coaches, employees and representatives from any claim arising out of injury to the named individual. I also hold harmless Miramont Country Club, its officers, officials, coaches, employees and representatives from and against any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise.

I understand that as a participant in Miramont Country Club sporting events that I must abide by all rules, regulations and philosophies of Miramont Country Club.

Health Report & Comments on Child's Development

Has your child been diagnosed with the following (leave blank if not applicable).

- | | |
|---|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> ODD |
| <input type="checkbox"/> DD | <input type="checkbox"/> PDD |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Fragile X | <input type="checkbox"/> Tourette's |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> OCD |
| <input type="checkbox"/> MR | <input type="checkbox"/> Asperger's |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Down's Syndrome |
| <input type="checkbox"/> Rett's Syndrome | |

Check any/all that may apply

- Chronic/severe Health Condition (Asthma, Diabetes, etc.) Additional forms required.
- Does your child have an Individual Education Program (IEP)?
- Does your child have a Behavior Management Plan?

Please list and describe any allergies, special medical or physical conditions or problems that Miramont Country Club should be aware of, including chronic health problems:

List instructions to be taken in the event of an emergency allergic reaction:

List any special medications for chronic problems and/or restrictions for child's care below:

In emergencies requiring medical attention, your child will be taken to the nearest hospital emergency room. Your signature below authorizes a representative of Miramont Country Club to have your child transported to the hospital.

Medication

Prescription medication or over the counter medication will not be administered. Do not send medications with your camper. Children are not permitted to keep medications in their book bags or pockets. The only two forms of medication that are allowed will be inhalers and epinephrine pens. Inhalers and epinephrine pens must be handed to the staff member at the check-in by the parent. Inhalers and epinephrine pens will be kept by the staff.

*** Signature of Parent/Guardian (please type full name)**

Signature of Parent/Guardian

Date

Name of Parent/Guardian

*** Denotes Required Field**