

Piece Camp

SUMMER CAMP PARTICIPATION RELEASE AND WAIVER

Minor's Name Parent/Legal Guardians

Address City State Zip

School Name Home Phone

Liability Release: For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____ as a parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant permission necessary to allow Minor to participate in the above camp to be conducted by Julie Allison. I, on my own behalf and on behalf of Minor, further agree to release and hold harmless The Piece Camp, the hosting site on whose premises the Camp will occur (hereinafter the "Location") the affiliates and Location, and the respective directors, representatives, agents, employees, and volunteers of The Piece Camp, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost, and expenses (including without limitations, attorney's fees and costs) arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury that Minor may incur or sustain during the Camp, all activities associated with the Camp. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from all further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities.

I, in my own behalf of Minor, hereby warrant that I have read this liability Release in its entirety and fully understand its contents. I, in my own behalf of Minor, am aware that this Liability Release releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

X _____ Signature of Parent or Guardian Date

Photo Release

I hereby give permission for images of my child(ren), captured in Piece Camp activities through video or photo to be used solely for the purpose of River Oaks Learning Center's promotional material and publications and waive any rights of compensation or ownership thereto.

X _____ Signature of Parent or Guardian Date

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Registration Form

Name of Child: _____

Parent or Legal Guardian: _____

Home and/or Cell Phone # _____

Email Address: _____

Home Address: _____

Child's DOB: _____

School & Grade (if applicable): _____

Emergency Contact: _____ Number: _____

Person(s) that will be picking child up: _____ T-Shirt size: _____
_____ (specify Adult or Child)

Does your child have a formal diagnosis? _____

Please list all allergies including food. For special diet, put GF/CF.

Please explain what your biggest social concerns are for your child:

Mail Registration Packet to:

Julie Allison

5316 Florence Road

Murfreesboro, TN 37129

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Policies and Procedures

1. It is important that every child arrives promptly at their scheduled time. It is equally important that every child be picked up at the correct time. We have a very limited amount of time to clean up/prepare for the next campers so please respect this time. You will receive via email a late fee notice \$1.00 every minute you are late.
2. It is our policy that parents do not stay during the camp session. We utilize both front and back yards and for the safety and privacy of each child we ask that parents no be on-site. Please stay in your car with your child and allow us to come to the car to retrieve your child. Upon closing of the camp session we will re-deliver your child to your vehicle. Have your child's name card clearly visible.
3. Please make sure to send your child in "camp clothes." This is clothing that you do not mind if he or she gets dirty or messy. Tennis shoes or other closed toed shoes are required, no sandals or crocs please.
4. Please send your child with a drink and a healthy snack everyday. This drink should be water, juice, or Gatorade. No milk because we will not be able to keep it refrigerated. Please do not send cookies, candy, of ANY peanut product for a snack. Snacks WILL NOT be provided if they are forgotten. PLACE THE SNACK IN A GALLON ZIPLOC OR LUNCH BOX WITH YOUR CHILD'S FRIST AND LAST NAME ON THEM.
5. Please send your child with a backpack every day. The backpack should have your child's full name on it.
6. When paying by check, please put your child's name in the memo section-along with Piece Camp. Checks should be made payable to Julie Allison.
7. If you are a client of R.O.L.C., please do not combine your child's individual therapy balance with a Piece Camp payment.
8. All paperwork and payments should be mailed to River Oaks Learning Center
5316 Florence Road
Murfreesboro, TN 37129