



# Mom's Inc. Summer Camp

## Registration Form

<b>Camper's Full Name</b>			<b>Shirt Size</b>
<b>School</b>	<b>Grade Completed</b>	<b>Age</b>	<b>Birthdate</b>

<b>Home address</b>	<b>Parent/Guardian(s)</b>	
	<b>Email</b>	
	<b>Primary Phone</b>	<b>Secondary Phone</b>

<b>Emergency Contact 1</b>	<b>Primary Phone</b>
<b>Relationship</b>	<b>Secondary Phone</b>

**Allergy/Medication Information:**

Does your child have any allergies, medications, or other medical conditions that may effect participation in activities  
 YES     NO

Include staff instructions, if applicable:

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Other: \_\_\_\_\_

**Childcare information (Please check one)**

Full-time Childcare (\$110/week)

Part-time Childcare (\$80/week)

Daily Childcare (\$33/day)

Childcare fee should be paid by check each week at your respective center.  
Checks payable to "Mom's Inc."

**My childcare fees will be subsidized through CCIS.**

Yes     No

**Registration Fee (Check your preferred payment option)**

I will pay the total registration fee today (preferred)

I will pay \$20 today and \$10/week until fee is paid

I will pay \$20 today and the balance by 5/1/2014

\*Registration fee: \$80/child (\$60/additional siblings)  
 \*Payments by check only, payable to "Mom's Inc."  
 \*First payment is due at registration (\$20 holds a spot)  
 \*CCIS subsidy is accepted for childcare, but not accepted for Registration fee  
 \*If you raise money toward fees and do not enroll your child, those funds will be placed into a general account account.

**Release**

1. RISKS. I, the participant (or parent of the participant if a child) understand (and in giving permission for the child to participate if a minor) that Mom's Inc. Summer Camp activities include Survivor training, camping, games swimming and/or training in the water, and other outdoor functions. These activities involve risks of serious injury and/or death. Some of the risks include falls, physical contact, insect bites, wildlife, and other normal risks associated with being outdoors.

2. MEDICAL AUTHORIZATION AND MEDICAL INSURANCE. I authorize MOM'S Inc., at their discretion or the discretion of any assistant, to obtain medical care for me or my Child and/or transport or arrange to transport me or my Child to an appropriate medical facility if medical attention appears to be necessary. I further authorize a medical care provider to carry out any emergency medical care for me or my Child. I agree to pay all costs associated with such medical treatment and related transportation for me or my Child. I agree that I have health insurance to pay any medical bills incurred for personal injuries at Camp and waive any right of subrogation against MOM'S Inc. To the fullest extent allowed by law, I agree to pay without right of subrogation, all uninsured medical expenses incurred as a result of participation in Mom's Inc. Summer Camp, even if the expenses result from the alleged negligence of MOM'S Inc.

3. RELEASE, IMDEMNIFY, AND AGREEMENT NOT TO SUE. To the fullest extent allowed by law, I agree to completely release, indemnify and hold MOM'S Inc., and any assistant harmless, even if negligent, from all my claims, losses or damages, including loss of consortium, breach of contract, or wrongful death resulting from the injury of the death at Mom's Inc. Summer Camp. The indemnity of MOM'S Inc. and any assistant shall include any claims or lawsuits brought by you or a parent or heir seeking recovery for damages and lawsuits resulting from any and all actions. I agree to never file a lawsuit against MOM's Inc., or any assistant, and to repay all attorney's fees, costs, and judgments arising from any claims.

4. RESPONSIBILITY. I agree (or agree on behalf of my Child) to obey and follow all rules and instructions of Mom's Inc. Summer Camp. I represent and warrant that I (or my Child) is physically, mentally and emotionally able to participate in all of the activities and follow the rules and instructions, including those things listed above. I agree to be fully responsible and to pay for any damage or loss to any equipment used by me or my Child.

5. This agreement is severable and if a court determines any part to be invalid, then all other parts shall remain in effect. This agreement shall be interpreted and governed by Pennsylvania law.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS AUTHORIZATION AND INDEMNIFICATION AGREEMENT AND RELEASE FROM LIABILITY, AND HEREBY VERIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release**

By participating in Mom's Inc. sponsored events, I hereby grant permission to Mom's Inc. to use my photograph on its World Wide Web site or in other printed publications without further consideration, and I acknowledge the association's right to crop or treat the photograph at its discretion. I also acknowledge that the association may choose not to use my photo at this time, but may do so at its own discretion at a later date.

I also understand that once my image is posted on the website, the image can be downloaded by any computer. Therefore, I agree to indemnify and hold harmless from any claims the following:

- Mom's Inc.
- Distributors Insurance Company
- Staff members, representatives, agents, executors and others

Mom's Inc. reserves the right to discontinue use of photos without notice.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sunscreen Release**

By signing I give my permission for Mom's Inc. employees to administer sunscreen to my child. I understand that the sunscreen will only be administered if the sunscreen is in the original prescription bottle, and I will not hold the staff members, representatives, agents, executors and other affiliates responsible for any side effects.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lock Haven  
225 East Church Street  
Lock Haven, PA 17745  
(570) 748-8249



Jersey Shore  
Tiadaghton Valley Mall  
701 Allegheny Street  
Jersey Shore, PA 17740  
(570) 398-4877

**www.momsinc.org**

**Official Use**

Registration and Initial Payment: \_\_\_\_\_ Date: \_\_\_\_\_ Total Registration fee: \_\_\_\_\_ Date: \_\_\_\_\_