

The Village School Summer Camp Registration

(Please mail your payment in before May 31st)

Name of Student _____

Name of Camp(s) _____

Dates of Camp(s) _____

Parent's Name _____

Address including zip code _____

Parent's email address _____

Parents phone numbers _____ Cell _____ Other _____

Current School Attending _____

RELEASE/CONSENT:

I give my son/daughter permission to participate in this camp. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for The Village School, North Naples Church, The Village School Summer Camp, the directors, sponsors, and the staff, allowing my child to participate in this camp, I understand and expressly acknowledge that I release The Village School, North Naples Church, the Village School Summer Camp, the directors, sponsors, staff members, volunteers, and board members from all liability for any injury, loss, or damage whatsoever while participating, whether on or off the premises. I understand that this release includes any claims based on negligence, action or inaction of The Village School, North Naples Church, The Village School Summer Camp, its staff, directors, volunteers, sponsors, members, or guests. I grant permission for my child to participate in all activities of this camp. I understand that on occasion photos, videos, audio or printed material for The Village School, North Naples Church, and The Village School Camp promotion or publicity may be taken or made during the activities. I grant permission and authority to The Village School, North Naples Church, and The Village School Summer Camp for the use of my child or my family's likeness in any such promotion or publicity.

Personal Health Insurance Carriers:

Policy Holder's Name _____

Insurance Carrier _____

Policy # _____

Parent/Guardian Signature

Date