LITTLE HARTS SUMMER CAMP REGISTRATION & RELEASE FORM

(Please fill out one form for every child participating in camp)

I. PERSONAL INFORMATION (Please PRINT all information)

Participant's Name: (First) _____ (Last) _____ (Age) _____

Parent's/Guardian's Name: _____

Address: (Street) _____ (City) _____ (Zip) _____

Telephone - Home: _____ Work: _____ Cell: _____

II. CAMP REGISTRATION

Please check the box for each camp your child will attend.

2009 Little Harts Summer Camps

Ages	Times	June 8 - 12 Week - 1	June 15 - 19 Week - 2	June 22 - 26 Week - 3	June 29 -July Week - 4	July 6 - 10 Week - 5	July 13 - 17 Week - 6	July 20 - 24 Week - 7	July 27 - 31 Week - 8	Aug 3 - 7 Week - 9	Aug 10 - 14 Week - 10
Tots 3-5	Morning 9:00 - 12:00 (Cost $70/Week)	Tots Camp ☐	Tots Camp ☐	Tots Camp ☐	Tots Camp ☐	Tots Camp ☐	Tots Camp ☐	Tots Camp ☐	Music Camp ☐	Gym Camp ☐	Gym Camp ☐
	Afternoon 12:30 - 3:30 (Cost $70/Week)	Drama Camp ☐	Drama Camp ☐	Drama Camp ☐	Drama Camp ☐	Drama Camp ☐	Drama Camp ☐	Drama Camp ☐	Stamp Camp ☐	Book Camp ☐	Stamp Camp ☐
Kids 6-12	Morning 9:00 - 12:00 (Cost $70/Week)	Kids Camp ☐	Kids Camp ☐	Kids Camp ☐	Kids Camp ☐	Kids Camp ☐	Kids Camp ☐	Kids Camp ☐	Music Camp ☐	Gym Camp ☐	Gym Camp ☐
	Afternoon 12:30 - 3:30 (Cost $70/Week)	Drama Camp ☐	Drama Camp ☐	Drama Camp ☐	Drama Camp ☐	Drama Camp ☐	Drama Camp ☐	Drama Camp ☐	Stamp Camp ☐	Book Camp ☐	Stamp Camp ☐
Kids & Tots 3-12	All Day 8:00 - 5:00 (Cost $140/Week)	All Day Camp ☐	All Day Camp ☐	All Day Camp ☐	All Day Camp ☐	All Day Camp ☐	All Day Camp ☐	All Day Camp ☐	All Day Camp ☐	All Day Camp ☐	All Day Camp ☐

To determine your costs: Add all yellow checked boxes and multiply by $70. Add all pink checked boxes and multiply by $140 and add both totals together. If you are attending all summer or multiple weeks, it is not necessary to pay the full tuition up-front. Payment can be made the first Monday of each week of camp attended.

Please mail your completed Registration & Release Form with your initial payment to:

Carol Barratt
950 N. Winningkoff Road
Lucas, Texas 75002

III. EMERGENCY CONTACT/RELEASE AUTHORIZATION

I understand that my child will NOT be released from class to any individual whose name does not appear on this list (other that the parent or guardian listed above). ID will be required at time of pick up.

I authorize the release of my child from Little Harts Summer Camp to the following individuals:

Name: _____ **Phone #:** _____
Name: _____ **Phone #:** _____

IV. STATEMENT OF UNDERSTANDING, AUTHORIZATION, RELEASE AND INDEMNITY

I, the undersigned, am over 18 years of age and fully competent to make this Statement of Understanding, Authorization, Release and Indemnity ("Statement"), which I have read and understand. I understand the information I have provided may be verified.

I hereby release, acquit and discharge Little Harts, its owners, staff and individual camp directors, (collectively the "Released and Indemnified Parties") from any and all claims, demands and causes of action of any and every kind or nature, including those caused in whole or in part by the negligence or gross negligence of any of the Released and Indemnified Parties, which I may now or in the future have against any or all of the Released and Indemnified Parties and that arise in whole or in part as a result of my involvement with Little Harts. I understand that Little Harts is an equine facility and that all equine related activities are subject to the Equine Inherent Risk Law Texas, Section 1 Title 4,87.005. I understand and agree that Little Harts assumes no liability for accidents or acts of negligence by anyone, including the Released and Indemnified Parties.

I further agree to fully indemnify and defend any of the Released and Indemnified Parties against any and all claims, demands or causes of action of any and every kind or nature (including attorney's fees and other defense costs), including those caused in whole or in part by the negligence of any or all of the Released and Indemnified Parties, which directly or indirectly relate to personal injuries or property damages sustained by me and that arise in whole or in part as a result of my involvement with Little Harts. If any provision of this Statement is determined to be unenforceable, all other provisions shall remain in full force and effect.

I represent to Little Harts that I am the parent and/or legal guardian of the participant. On behalf of that participant, I agree and accept all of the provisions of the foregoing Statement of Understanding, Authorization, Release and Indemnity.

AGREED: _____ Date: _____

Signature of Parent or Guardian

LITTLE HARTS SUMMER CAMP MEDICAL AUTHORIZATION

Participant: _____ Date of Birth: _____

Parent or Guardian Authorization:
In case of emergency, I hereby authorize my child to be treated by Certified Emergency Personnel. (I.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

In case of emergency, individuals will be taken to the nearest hospital.

Please list any medical/special needs information that we need to know regarding your child. Please include physical conditions/diseases/behavioral information.

_____

Does your child have any know food allergies____Yes____No?
If yes, please explain_____

Does your child have any allergies to environment (bee stings, ant, grass, etc.) or medications?

_____

List any activities/restrictions that your child may not participate in:

_____

By my signature, I certify that the above information is true and correct to the best of my knowledge. Little Harts Summer Camp has my authorization to obtain necessary medical and/or surgical treatment in the case of illness, accident, or any emergency situation that may arise, and I am unable to be reached at the time of such emergency.

Mr./Mrs./Ms. _____Date:_____

Authorized Parent/Guardian Signature

LITTLE HARTS PHOTO USE AUTHORIZATION

_____I authorize my child's photo to be used in promotional materials (i.e. flyers, website, video, etc.).
Initials