



Town of Norman Wells Summer Sports Camp - Registration Form

Participant's name: _____

Birth date D/M/Y: _____

Parent/Guardian's name: _____

Address: _____

Phone # Home: _____ Work # _____

Emergency contact name: _____

Phone # Home: _____ Work # _____

Identify which weeks child will be attending: (circle any applicable)

1 2 3 4 5 6 7 8 All

Allergies or medical conditions: _____

Comments: _____

INFORMED CONSENT –RISK AND LIABILITY

I the undersigned understand and acknowledge that participation in this summer sports camp might result in personal injury to my child, property damage, or loss. I fully understand these risks and hereby agree to allow my child to participate. I agree that the Town of Norman Wells, volunteers, employees and agents shall not be liable for any personal injury, property, loss or damage, or loss resulting from child's participations unless such injury, loss, or damage is caused by the negligence of employees or agents while acting within the scope of their duties.

I as the parent/guardian of the participant named herein, agree to assume full responsibility to instruct my child of the risks involved and to inform him/her of the importance of abiding by the rules, regulations and code of conduct. I further state that my child is in proper physical condition to participate in these camps. I shall report and medical concerns with respect to my child's participation to the recreation instructor prior to the activities taking place.

I as the parent/guardian of the participant named herein, hereby declare that I have read, understood and agree to the contents of the INFORMED CONSENT in its entirety.

Signature of Parent/Guardian: _____

Parent/Guardian Full Name (please print): _____

For more information, questions or concerns, please contact
Cristina (867) 587-3700 ext. 1019/ 867-688-0690