



Summer Camp Waiver & Release

Please PRINT Legibly and Complete ALL Sections.

Child Name: _____ Birth Date: _____ Age: _____ Sex: *M F*

Home Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Mother's Name: _____ Father's Name: _____

Cell Phone #: _____ Cell Phone #: _____

Emergency Contact and Persons Authorized to Pick Up

Emergency Contact : _____ Phone #: _____ Relation: _____
(other than parent listed)

Persons Authorized to Pick Up: (In addition to parents/guardians)

Name #1: _____ Name #2: _____ Name #3: _____

Phone #: _____ Phone #: _____ Phone #: _____

Relation: _____ Relation: _____ Relation: _____

Help Us Provide the Best Care by Making us Aware!

Does your child have any known allergies: _____

ALL CAMPERS MUST BE 100% Potty Trained

Waiver of Release of Liability & Assumption of Risk

Applicant's Name(s): (1) _____ has my permission to participate in the **North Myrtle Beach Aquatic & Fitness Center Summer Camp Program**. I/we understand what the aforementioned activity involves and believe that the aforementioned person is in proper physical condition to participate. I/we assume all risks and hazards incidental to the conduct of the aforementioned activity. In consideration of your accepting my entry, I hereby for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the **Summer Camp Program, NMB Aquatic & Fitness Center, City of North Myrtle Beach Parks and Recreation Department** and its representatives, successors and assigns for any and all injuries or illness, including but not limited to, personal injury, (ex. Communicable disease, MRSA, influenza, COVID-19), suffered by myself or my child at any activity sponsored by these groups. I also give permission to the City of North Myrtle Beach to use and display any photographs taken of me/my child, which may be forwarded to newspapers and other publications in which the photograph would be associated with the City of North Myrtle Beach. In the event of an emergency requiring medical attention beyond first aid, I/we hereby grant permission to a physician or hospital personnel designated by the **North Myrtle Beach Aquatic and Fitness Center Summer Camp Program** and staff to provide medical emergency attention to the aforementioned person including hospitalization. Any expense from injury or illness is the responsibility of the parental insurance company.

Date _____ Name (Parent/Guardian) _____

Signature (Parent/Guardian)
