

PARENT AUTHORIZATION for Camp Counselor to administer emergency treatment (i.e. CPR/First Aid) or call ambulance.

PARENT or GUARDIAN: _____

AGREEMENT OF WAIVER LIABILITY

I, _____ give permission for my child _____ to attend and participate in the Summer Camp Program sponsored by Caernarvon Township (Berks County) Parks and Recreation Department. I understand summer camp activities, including field trips, involve risks and I hereby agree to waive and release the township of Caernarvon, the Parks and Recreation Department, their agents, representatives, insurers, employees and/or counselors from any and all claims, all manners of action, suits, causes of action, and any and all liabilities that are related to or arise out of any accident, injury, and/or illness my child may sustain while participating in the above mentioned program sponsored by the Township of Caernarvon. I am agreeing to sign this agreement on behalf of myself and my child.

SIGNATURE OF MOTHER _____ DATE _____

SIGNATURE OF FATHER _____ DATE _____

2009 SUMMER CAMP T-SHIRTS

Each registered child will receive ONE free T-shirt with camp enrollment. Please indicate what size t-shirt your child wears.

Child Small _____ Adult Small _____ Other _____
Child Medium _____ Adult Medium _____
Child Large _____ Adult Large _____

For office use only

_____ Amount Paid

_____ Office Initials

_____ Cash

_____ Check Number