



SJGCC Winter Camp Enrollment 2017

Child's Name _____ Preferred Name _____

Address _____

Date of Birth _____ Sex: M _____ F _____

Allergies _____

Mother's Name _____ Cell Number _____

Father's Name _____ Cell Number _____

E-mail Address _____

Emergency Contact _____ Relationship _____

Contact Number _____ Cell Number _____

Who is authorized to pick up your child after camp: _____

Cost: \$35 Per Day, \$31 additional siblings

Any 5 days per child: \$150 per child, \$130 additional siblings

Drop in Rate: \$40 per child

CAMP SESSIONS:

December: 22nd, 26th, 27th, 28th, 29th

January: 2nd, 3rd, 4th, 5th

Camp in Session: 8am-5pm

Parent/Guardian Signature _____

Authorization and Waiver By Parent(s) or Legal Guardian(s) Minor Child

Each of the undersigned parent(s) or legal guardian(s) of the minor child named below states as follow:

I am aware that normal and usual athletic and sports-related activities have a certain **inherent risk** and **may cause injury or even death to the participant**. However, I want my child to participate in athletic programs sponsored by Sampson Creek Community Development District (the "Programs"). The Programs include, but are not limited to, field trips, lessons, clinics, practices, games, tournaments, exhibitions or other events that correspond to *Sampson Creek Summer Camp*, in which my child will be participating. **I give my unqualified permission and consent for my child to participate in the activities listed above. I recognize and agree that the below section's describing any of the Child's medical conditions and/or prohibited activities are for notice purposes only. The Sampson Creek Community Development District shall not be responsible for preventing the Child from participating in any of the Prohibited Activities.**

My child has the **necessary skills** and is **able to participate** in all reasonably anticipated aspects of the activities except those listed below. The nature of the activities has been fully disclosed to me, and any brochures, flyers or announcements related to the activities are expressly made a part of the Authorization and Waiver. **I understand that inappropriate behavior which may be determined by staff to be disruptive or infringe upon the safety or rights of other participants or staff may result in suspension or dismissal from participation in the program.**

I, on behalf of myself and my child, hereby indemnify, release, hold harmless and forever discharge Sampson Creek Community Development District, Governmental Management Services LLC, and Riverside Management Services LLC, and their respective directors, affiliates, employees, contractors and agents of and from any and all claims, demands, expenses, debts, contracts, causes of action, lawsuits, damages and liabilities of every kind and nature, whether known or unknown, in law or equity, that I or my child ever had or may have, arising from or in any way related to my child's participation in any activities conducted by, or on the premises of Sampson Creek Community Development District. However, this wavier of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

This Authorization and Waiver is binding upon my heirs, executors, legal representatives, and successors. This waiver of liability contains the entire agreement between the parties and supersedes any prior written and/or oral agreements. The provisions of this Authorization and Waiver will continue in full force and effect even after the termination of the Program conducted by, on the premises of, or for the benefit of the parties named above, whether by agreement, by operation of law, or otherwise. The provisions of this waiver of liability may be waived, altered or amended or repealed, in whole or in part, only upon the prior written consent of all parties.

In the event that I cannot be reached, I authorize and direct any adult Activities sponsor or group leader serving as an independent contractor on behalf of the Sampson Creek Community Development District, to make emergency medical decisions for my child.

Please Print

Name of Child: _____

Medical Conditions: My child is subject to the following allergies or medical conditions, and I authorize St. Johns Golf & Country Club or Sampson Creek Community Development District, or either entity's employee, affiliates, or contractors and its employees to disclose such allergies or medical conditions to a physician in the event my child should require emergency medical care (describe in detail all allergies and medical conditions). _____

Prohibited Activities: As a result of medical conditions listed above or for any other reasons, I do not want my child to engage in any of the following activities (describe with specificity). _____

I am of lawful age and legally competent to sign this Authorization and Waiver. I understand the terms of this Authorization and Waiver and I have willing signed it at my own free act.

Name: _____ Name: _____

Address: _____ Address: _____

Signature: _____ Signature: _____

Date: _____ Date: _____
