



Name of Child

Birthdate / Grade / Gender

Address:

Parent/Guardian Information (Name/Cell/Email)

Emergency Contact Info (Name/Cell)

Does your child have any allergies, chronic illness, or medical conditions? If yes, please describe.

The Acton Academy Summer Camp will be five days a week and will include, but not be limited to:

- Water Days
- Sports Days
- Nature Days
- Arts and Crafts Days

The cost for Summer Camp is \$200/week, \$175 earlybird price before March 22nd. The camp hours are 9 am – 3 pm. Before care is available at 8:30 am for \$5 a day. Payment for each week must be received in full by May 1st in order to guarantee the reserved week. Camp fees are non-refundable.

Please select which week/weeks you would like to enroll your child in:

- July 15th
- July 22nd

Informed Consent and Acknowledgement I hereby give my approval for my child’s participation in any and all activities prepared by Acton Academy NH during the selected camp(s). In exchange for the acceptance of said child’s participation in the camp(s) , I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Acton Academy NH and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions. In case of injury to said child, I hereby waive all claims against Acton Academy NH, including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all camp activities. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

Medical Release and Authorization As Parent and/or Guardian of the named child, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor’s life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to Acton Academy NH and its affiliates including Directors, Coaches, and Camp Staff to provide the needed emergency treatment prior to the child’s admission to the medical facility. Release authorized on the dates and/or duration of the registered camp sessions. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Signature/Date of Parent/Guardian

Please send completed form to sarahf@actonacademynh.org