

Elizabeth Crockett DAR Constitution Camp  
REGISTRATION FORM

(PLEASE PRINT CLEARLY)

Date: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ tshirt size \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ tshirt size \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ tshirt size \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Emergency: (\_\_\_\_) \_\_\_\_\_  
Cell Phone or Pager # (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

**Any medical problems we should be aware of? Does your child have any allergies, medical challenges or special needs of which we need to be aware?**

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

In consideration of the agreement with DAR Constitution Camp for Kids (hereinafter CC4K) to accept my child(ren) (hereinafter participant) as a participant in CC4K activities, the parent or legal guardian of said participant hereby states that they understand that any activity may cause the possibility of accidental injury. The undersigned voluntarily assumes the risk of such injury to participant, his or her heirs, executors, successors and assigns from any and all liability, actions, claims and causes of action whatsoever, on account of or in any way related to the participation or participant in CC4K activities and does hereby agree to fully indemnify CC4K for any medical expenses or other damages resulting from any such accidental injury to participant while training or performing at or for CC4K, except where such expenses or damages are the results of the intentional or reckless conduct of CC4K. On many occasions, newspapers, TV stations, etc., will visit CC4K. They may take pictures or videos of our classes or activities. Signing this release will include giving permission for us to possibly use your picture, or your child's, in promotion and advertising for the camp. It is understood that no compensation will be given by the CC4K or by the user of such picture. This agreement and waiver having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

I HAVE RECEIVED AND READ A COPY OF ALL DAR Constitution Camp for Kids POLICIES AND AGREE TO ADHERE TO THEM.

\_\_\_\_\_  
*Parent or Legal Guardian Signature* Date \_\_\_\_\_

PERMISSION TO TRANSPORT CHILD

I give DAR Constitution Camp for Kids my permission to transport my child:

(Name/s) \_\_\_\_\_ to (Hospital) \_\_\_\_\_ for emergency medical or to (Dentist, clinic) \_\_\_\_\_ for emergency dental, or to the nearest available source of assistance.

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

(List any facts to which a physician should be alerted):

\_\_\_\_\_  
\_\_\_\_\_