

Parents are welcome to send sunscreen and/or mosquito spray to Camp with camper's name clearly labeled on bottles. Your permission is necessary for us to apply lotions to your child while at Camp.

_____ Yes, please apply sunscreen as needed.

_____ Yes, please apply mosquito spray as needed.

_____ No, do not use any additional lotions.

Camper's Physician

Physician's Phone #

Please List Any Allergies

Is your child taking any medication on a daily basis? _____ Yes _____ No

If yes, what medication? _____

Describe condition: _____

Hospital preference: _____

Local Emergency Contacts: (to be called if parents cannot be reached)

Name Relationship Home # / Cellular # / Pager #

Name Relationship Home # / Cellular # / Pager #

By signing this agreement, I agree to allow my child's name, photograph, and information to be used by the Camp in the Camp's publications, videos, promotional materials and website, without compensation and without prior notice. I release and hold the Camp harmless from any liability stemming from the use of my child's name, photograph, or information.

By signing this agreement, I understand that Bet Breira Camp has the right to commence legal action for non-payment of tuition and fees and I will be responsible for all costs of collection, including court costs and reasonable attorney's fees at all levels.

Enclosed please find check payable to Bet Breira in the amount of \$_____.

I hereby give permission for my child to participate in all Camp activities. I understand that Congregation Bet Breira does not assume responsibility for any injury, and that in case of emergency, necessary medical attention may be secured by the Camp. I understand that the Camp Registration fee is non-refundable.

By signing this agreement, I agree to release, indemnify, and hold harmless, AquaKids, Inc., Congregation Bet Breira, and their owners, directors, employees, coaches, representatives, agents, successors, and assigns from and against any and all claims or liabilities arising from the use of the pool and facilities by my child's participation in this AquaKids Swim School program.

Signature of Parent or Guardian

Date