

Cider Kids Summer Camp Registration

Child's Name _____

Boy _____ Girl _____ Date of Birth _____ Age _____

Parents _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Emergency Contact

Name/Number _____

Doctor Name/Number _____

Please list all allergies, physical limitations and concerns:

Has your child ever been stung by a bee? If yes, was there any reaction?

Liability Disclaimer & Notices

I _____ the Parent/Guardian of the above child hereby acknowledge the following notices and grant to Darcy Specker of Cider Hill Yoga, LLC the following release from liability:

A. My child will be engaging in physical activities that may involve some risk of injury.

B. I assume the forgoing risks and accept full personal responsibility for any personal injuries sustained by my child which might incur as a result of participation in this program and discharge and hold harmless Darcy Specker of Cider Hill Yoga, LLC, Dawn DeBaeck and Dara Siegl from any claim, cause of action or liability for damages arising from any personal injury to my child or other persons or property caused by my child's participation in the program.

I agree/disagree to give permission for Cider Hill Yoga to photograph and use my child's picture(s) for promotional purposes. I understand that my child will **not** be identified by name without my permission, nor will any compensation be extended for such use.

Parent/Guardian

Signature _____ Date _____