

Empower Camp Registration form

Child's name _____ Name Child uses _____

Address _____ Zip _____ Home Phone (_____) _____

E-mail address _____

Male _____ Female _____ Date of Birth _____ recently completed grade Level _____

School Child attends _____

Emergency Contact

Name of person to whom child may be released: _____

Home Phone # _____ Work Phone# _____

Relationship to child: _____

I hereby give my permission to Empower Pediatric Therapy for my child to participate in all activities at Empower Pediatric Therapy. I acknowledge that there is a risk of injury in all activities, and hereby waive any and all claims and causes of action and fully release and hold harmless Empower Pediatric Therapy, its employees, agents, counselors, and volunteers from any claims or causes of action which may accrue to me, my child or spouse as a result of any injury suffered by myself or my child while participating at Empower Pediatric Therapy and or any activities. Furthermore, in the event of an emergency, if my child's physician is not immediately available, I hereby grant Empower Pediatric Therapy permission to obtain medical care for my child from another physician, clinic or health care provider without first contacting me. I understand that I am responsible for paying all medical costs that may be incurred.

Weeks registering:

Mother's Name _____ Father's Name _____

Profession _____ Profession _____

Employer _____ Employer _____

Work # _____ Work # _____

Cell # _____ Cell # _____

E-mail address _____ E-mail address _____

Doctor's name _____ Doctors Phone _____

Child's physical limitations, allergies, concerns: _____



Waiver, Release, and Liability

I, _____

(Guardian) Please Print

Hereby affirm that my child,

(Child's Name)

May participate in all activities at Empower Pediatric Therapy.

I certify that I am aware of the inherent dangers associated with participating in therapy and all activities at Empower Pediatric Therapy

I understand and agree that neither Empower Pediatric Therapy, nor its trustees, representatives, therapists, or agents may be held liable in any way for any occurrence in connection with my child's participating in therapy and activities.

As part of the consideration for participating in therapy, I hereby personally assume all risks in connection with participating in therapy or activities. I further agree to save and hold harmless representatives from any claim by me, or my family, estate, heirs or assignees arising out of Empower Pediatric Therapy to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm, or accident occur while participating in therapy and activities.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free act and coalition. I further state and acknowledge that I have fully informed myself of the content of this affirmation and release by reading it before I have signed it.

I have executed this affirmation and release on:

_____ Day of _____, 20_____.

Signature _____

(Guardian)