

Camper Name: _____ TFH Kidz Zone Registration Form Age: _____

TFH Kidz Zone
June 18th - August 16th



The Fire House in partnership with LVH Developments

Child

First _____ Middle _____ Last _____ Gender: Male ___ Female ___
School Name _____ Grade _____ Birth date ____/____/____ Age (as of June 30, 2024) _____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____
Child lives with: _____
Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____

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Does your child require a special diet?

Yes ___ No ___ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Fire House, LVH Developments or any persons affiliated therein will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

TUITION INFORMATION - There is a \$60 registration fee for all registrations. Weekly registrations must be paid whether the child is present or not unless an off week is scheduled at the time of registration. Late fees are \$10 after the first 10 minutes and then a \$1p/minute after that time. Tuition is due Monday morning of each week. There is a \$35 return check fee.

Please check your payment option. TFH membership rates are reserved for members of TFH attending a minimum of Sunday morning services commencing prior to registration release.

TFH Members		Non-TFH Members	
Weekly	\$150	\$165	
Bi-Weekly	\$300	\$330	
In Full	\$1000	\$1125	
Extended Hours Zone weekly	\$60	\$65	

Pre-scheduled off week: _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **TFH Kidz Zone**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of TFH Kidz Zone and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Kidz Zone** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

TFH KIDZ ZONE _____ (TFH KIDZ ZONE _____) PARTICIPANT WAIVER FORM ACKNOWLEDGEMENT I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the TFH KIDZ ZONE events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the TFH KIDZ ZONE and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, horseback riding, archery, field trips, waterfront and pool activities, canoeing/boating, campfires, hiking, high ropes and other challenge courses, or any other activities, classes, events, or programs at and/or sponsored by the TFH KIDZ ZONE. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at the TFH KIDZ ZONE ZONE and/or sponsored by the TFH KIDZ ZONE. I also acknowledge that the TFH KIDZ ZONE often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media. RELEASE In consideration of the TFH KIDZ ZONE allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the TFH KIDZ ZONE and/or sponsored by the TFH KIDZ ZONE, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the TFH KIDZ ZONE and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of the TFH KIDZ ZONE and its employees, agents, or representatives or from some other cause. My agreement to release the TFH KIDZ ZONE does not include any loss, damage or injury that results from the TFH KIDZ ZONE's gross negligence or willful, wanton, or reckless misconduct. I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, or other similar media _____ or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the TFH KIDZ ZONE and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials. INDEMNIFICATION I hereby represent and warrant to the TFH KIDZ ZONE that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the TFH KIDZ ZONE arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend the TFH KIDZ ZONE from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of the TFH KIDZ ZONE ZONE or from some other cause. ACCEPTANCE I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form. Signature of Participant or Parent/Guardian Date of Participant(s) under the Age of 18

TFH KIDZ ZONE and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

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Payment Schedule: Week 1 is due at the time of registration. If registration is at the start of the Kidz Zone then week 1 and 2 will be

Week 1 and 2	June 26th	_____
Week 3	July 10 th	_____
Week 4	<u>July 17</u>	_____
Week 5	July 24 th	_____
Week 6	July 31st	_____
Week 7	August 7th	_____

