



Hale Reservation Vacation Program

Registration Form - February 2012

Registration due by 2/17/12

Camper Name _____	Grade _____	Age ____	Gender M or F
Street _____	Town _____	State ____	Zip _____

Parent(s)/ _____ / _____ Gaurdian(s) _____ (Cell #) _____ (Home #) _____ (Main contacts work phone) _____ _____	Emergency Contact _____ _____ (Cell #) _____ (Home #) _____ (Work phone) _____ _____
--	---

Rates and Dates: \$75 per day or \$200 for all three days

Individual Days -Tuesday Feb. 21 -Wednesday Feb. 22 -Thursday Feb. 23

Child's Health Concerns or Allergies (food, medication,...)

Medications for Above (including Epi-Pen or Inhaler)

Allergy Explanation include the severity of reaction (if touched, if ingested,...)

Doctor Information: Name of Physician _____ Address _____ Phone _____	Insurance Information: Insurance Carrier _____ Insured Name _____ Policy or Group # _____
---	---

Vacation Program Agreement

Photos: I hereby grant Hale Reservation permission for my child's photo to appear in videos, newspapers, brochures, on websites or other promotional literature.

Authorization for Treatment: In case of health problem or emergency, I authorize Hale Reservation, Inc. to administer first aid and, where necessary, to transport my child to Norwood Caritas Hospital Emergency Room, and to order X-rays, routine tests and treatment; and to release any records necessary for insurance purposes. In the event I cannot be reached in an emergency.

Acknowledgement of Risk & Waiver: I understand and acknowledge that my participation in the above listed program may involve a variety of activities including; indoor and outdoor games, sports, rope courses, and other rigorous physical activities. I hereby release and discharge, and agree to indemnify and hold harmless, Hale Reservation and its officers, directors, members, agents, employees, volunteers and any other persons or entities acting on its behalf, against all claims, demands, and causes of action whatsoever, either in law or equity, relating to or arising from any medical treatment, recommendation, transportation or administration, or any lack thereof.

Signature of Parent/Guardian _____ **Date** ____/____/____

Hale Reservation is not affiliated with any public school system.