

2023



Warning: Children must be able to jump in deep water and swim 20 yards without assistance or touching the wall of the pool to enroll in camp.

Circle one: Member Community

Campers full name:	Complete address:
Date of Birth:	E-Mail address:
Parent #1 name: <ul style="list-style-type: none">▪ Home phone:▪ Work place:▪ Work phone:▪ Cell phone:	Parent #2 name: <ul style="list-style-type: none">▪ Home phone :▪ Work place :▪ Work phone:▪ Cell phone:
Physician name Physician phone Preferred hospital	Three emergency contacts – name and numbers NAME NUMBER 1. 2. 3.
Additional persons authorized to pick up your child (name and phone number) NAME NUMBER 1. 2. 3.	List specifically any allergies your child has to <ul style="list-style-type: none">▪ FOOD▪ MEDICINE List all medication your child takes on a regular basis
List any and all physical conditions which limit his/her participation in activities.	

Behavior Policy: Adventure Camp is a highly active camp. Not a “daycare” provider. We hold high expectations of behavior in our camp. Children who do not listen or respect the counselors and/or other campers will be dismissed and asked to find another camp to participate in for the summer. Parent Initials: _____

Photo Release: I give permission for The Pacific Clinic to use pictures of my child in advertising, brochures, newsletter, social media and website. Parent Initials: _____

Waiver: The Pacific Clinic shall not be held liable for any injury incurred in any camp activities, or any other use of equipment or facilities of the Clinic. The Pacific Clinic shall not be liable for any lost or stolen goods that may have been left or taken from the facility. I hereby waive and release any and all rights for myself, my heirs, executors, and administrators this enrollee may have against Pacific Clinic or its representatives, agents, and successors for any and all injuries the participant may suffer in connection with his/her participation in any The Pacific Clinic camp program. Parent Initials: _____

Medical Waiver: We understand that in case of emergency and we are unable to be contacted, we give permission to Pacific Clinic to authorize any emergency action necessary to ensure the safety of our child. This does not in any way hold Pacific Clinic financially responsible or otherwise liable for any medical or emergency care given. I permit my child to participate in all activities at Pacific Clinic and to be transported to off-site field trips. Parent Initials: _____

Covid 19: The Pacific Clinic (“The Clinic”) has put in place preventative measures to reduce the spread of COVID-19; however, The Clinic cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending The Clinic could increase your risk and your child(ren)’s risk of contracting COVID-19. The Pacific Clinic follows CDC (Center for Disease control) guidelines of social distancing and sanitation for the protection of all people who enter our facility.

If my child or myself has any of the following, I understand I we are not allowed to enter the facility and we agree to abide by these expectations:

- If we have been diagnosed with COVID-19 and have not recovered or am still within the required 14-day quarantine.
- If we had symptoms of COVID-19 within the last 24 hours. Or if we experienced the following: a fever, cough, shortness of breath, sore throat, loss of taste or smell, vomiting or diarrhea or any other symptoms, they will stay home.
- If we had contact with a person who has or is suspected to have COVID-19 within the last 14 days.
- We agree to not enter the facility if we are sick. We will cover my cough or sneeze with a tissue and wash my hands. We will not touch our eyes, nose, or mouth and will practice good hygiene.
- We will abide by social distancing – stay at least 6 feet away from other people.
- We will wear a face covering as required by the State mandates this is subject to change as we move out of the various phases.
- We agree to wash my hands upon entrance to the Clinic (if mandated) and frequently with soap and water for at least 20 seconds. Or use hand sanitizer.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Clinic and that such exposure or infection may result in personal injury, illness, permanent disability, and / or death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Clinic may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Clinic employees, volunteers, and program participants and their families.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Clinic, its owners or employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my participation in any Clinic usage, lesson, class, or program.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE LISTED INDIVIDUALS AND GROUPS AND/OR THEIR AGENTS AND CONTRACTORS, AND I SIGN OF MY OWN FREE WILL.

Parent Signature: _____ **Date:** _____