



Summer Camps Registration Form

Camper's Name: _____ Gender: _____ DOB: _____

Age at Camp: _____ Entering Grade: _____ School: _____

Parent/Guardian Name: _____ Phone: _____ Email: _____

Parent/Guardian Name: _____ Phone: _____ Email: _____

EMERGENCY CONTACT (In the event that parents cannot be reached): Name: _____ Phone: _____

CAMP: _____ WEEK(S) _____ COST: _____

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Additional Information

Please describe any special information about your child, to include allergies, medications, health concerns, dietary restrictions, etc.

Release Waiver

This general release is intended as a waiver of liability for Antilles School, its trustees, administration, faculty, staff, volunteers and representatives of Antilles School, in their roles of planning, overseeing, instructing, and directing those events and activities normal to summer camp operations of a grade pre-K through 12 independent school. Such activities may include (but are not limited to) physical education classes, off-campus field trips, organized sports activities, recess play, campus computer and Internet usage, travel to and from organized athletics, dramatic or musical productions, and typical academic, intramural, club, class activities, after-camp activities, fencing, ropes course, and fitness facility.

Inherently, there are risks involved in all such activities, and in signing this waiver, the parent/guardian acknowledges such risk and agrees to indemnify and to hold the camp harmless, unless such claim is caused solely by the camp's negligence. The parent/guardian further agrees that this General Release is given in exchange and consideration for the services provided, or to be provided by the School, including the participation in the activities described above.

Additionally, the camp uses photographs of campers and camp-related activities in its publications, promotional materials, brochures, and on its website. If a parent objects to this, or wishes to preclude such use of their child's image, you must so note below.

As parent(s)/guardian(s), I understand and agree that this is a full release and authorization for my child to participate in the Antilles School Summer Program.

***I/we hereby, on behalf of my child, release Antilles School, and its representatives from any and all liability due to injury, loss, or other consequence which might occur or arise while participating in the camp, provided that the injury, loss, or other consequences were not caused by willfulness or gross neglect.**

Parent or Guardian Signature _____ Date _____

**** Please answer the below two questions if your child is participating in **BACK TO SCHOOL CAMP**.

ONLY FOR STUDENTS ATTENDING BACK TO SCHOOL CAMP

- My Child has permission to attend the walking field trip to Lime Tree Beach. YES NO
- My Child has permission to participate in the Ropes Course Activities. YES NO