



## PLAY.FIT.FUN KID'S SUMMER ACTION CAMP REGISTRATION FORM

E-MAIL: [spencer@playfitfun.com](mailto:spencer@playfitfun.com) PHONE: 971-732-4745

### STUDENT/CHILD INFO.

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_ LAST NAME \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ GRADE \_\_\_\_\_

### EMERGENCY CONTACT

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ ALTERNATE PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

PLEASE INDICATE ACITIVITIES YOUR CHILD ENJOYS: \_\_\_\_\_

**CAMP SESSION DATES** \_\_\_\_\_ **½ DAY (\$175.00 per student)** \_\_\_\_\_ **FULL DAY (\$275.00 per student)** \_\_\_\_\_

**MAIL PAYMENTS AND COMPLETED FORMS TO:** 13790 SW HITEON DR. BEAVERTON, OR 97008

### MEDICAL INFORMATION

Injuries: \_\_\_\_\_ Allergies \_\_\_\_\_ Does child have own inhaler? **Y N**

Other medical concerns: \_\_\_\_\_

APPROXIMATE TIME YOU WILL PICK UP YOUR CHILD: \_\_\_\_\_

People Allowed To Pick Up Your Child: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



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**PLAY.FIT.FUN WAIVER AND RELEASE ASSUMPTION OF RISK AND INDEMNIFICATION**

For good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, \_\_\_\_\_, (Insert name of Participant – PLEASE PRINT) hereinafter referred to as “Participant”, and \_\_\_\_\_, (Insert name of Participant’s parents or legal guardians names – PLEASE PRINT), hereinafter referred to as “Parents/Guardians” agree as follows:

1. To the fullest extent permitted by law, we, and each of us, give full, final, and unconditional permission for the Participant to participate in any and all training, workouts, conditioning, games, scrimmages, and other functions, all in which are hereinafter “Activities”, sponsored, hosted, coordinated, or attended in whole or in part, by Play.Fit.Fun.
2. To the fullest extent permitted by law, we, and each of us, understand the nature and danger of the Activities and believe that the Participant is now fully qualified to participate in all of them. We FULLY UNDERSTAND that the Activities involve risks and dangers of **BODILY INJURY, INCLUDING PERMANENT DISABILITY**; these risks and dangers may be caused by the Participants own actions, or inactions, or the actions or inactions of others participating in the Activity, the condition in which the Activity takes place or THE NEGLIGENCE OF THE “RELEASEES NAME BELOW; and **WE FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of Participants participation in any Activities.
3. To the fullest extent permitted by law, we and each of us, **HEREBY UNCONDITIONALLY IRREVOCABLY, FULLY AND FINALLY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS PLAY.FIT.FUN**, as well as any and all of their respective employees, officers, directors, members, organizers, sponsors, supervisors, leaders, participants, officials, referees, volunteers, coaches, agents, and representatives as well any and all other players, other players’ parents and legal guardians (each considered one of the “Releasees” herein) from any and all claims and negligence (active or passive), strict tort liability or otherwise. (Including but not limited to claims and damages for injury, illness or death) whether known or unknown, now existing or arising at any time in the future which arise by reason of or in any way related to this Agreement or any of the Activities.
4. To the fullest extent permitted by law, we and each of us, further agree that if, despite this release, we or anyone on any of our behalf makes a claim against any of the Releasees named above, **WE WILL DEFEND, INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**
5. To the fullest extent permitted by law, we, and each of us, hereby authorize Play.Fit.Fun Coach/President, to act for us in any emergency situation requiring medical transportation, treatment or attention and to authorize any or all of the same on our behalf and at our sole cost and expense.
6. **WE HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

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Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date