



Marine Science Camp 2010 Lavallette

My Information

Camper's Name: _____ Birthdate: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip code: _____

Cell Phone: _____ Home Phone: _____

Email: _____

****Confirmation will be emailed along with camp details and meeting locations****

Register me for the following weeks (please circle):

July 5-9- **FULL**

July 12-16

July 19-23

July 26-30

August 2-6

- Camp Week is \$250/week/camper, 9:00AM – 2:00PM.
- Paid in Full to **Sherri Paris** at time of registration to reserve your spot.
- Grand Total for 2010 Marine Science experience:

Signature: _____ **Date:** _____

Please circle Camper's swimming ability: 0-none, 1, 2, 3, 4, 5-expert

How did you hear about Marine Science Camp? _____

PLEASE MAIL PAYMENT TO:

Sherri Paris NEW LOGIC EDUCATORS, 105 Ortlely Avenue, Lavallette, NJ 08735



Marine Science Camp Emergency Medical Release and Liability Waiver

The following completed and signed Emergency Medical Release & Liability Waiver must accompany the Enrollment Form.

APPLICANT/PARTICIPANT:

Camper's name: _____ Birth Date: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

EMERGENCY INFORMATION:

Mother's Name: _____

Cell Phone: _____

Father's Name: _____

Cell Phone: _____

In an EMERGENCY when parent/guardian cannot be reached, please contact:

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

MEDICAL INFORMATION:

Allergies: _____

Other Medical Conditions: _____

Physician: _____ Phone: _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE A CAMPER BEGINS PARTICIPATION.



Waiver and Release of Liability

Please Read Before Signing:

In consideration of being allowed to participate in any way in the Marine Science Camp Program offered by New Logic Educators, related event activities.

I _____ (name of participant), the undersigned acknowledge, appreciate and agree:

1. The risk of injury from the activities involved in this program can be significant, including the potential for permanent paralysis and death , and while particular rules, equipment and personal discipline may reduce this risk the risk of serious injury does exist and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of releasees or others, and assume full responsibility for my participation and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HERBY RELEASE AND HOLD HARMELSS, New Logic Educators, their officers, officials, agents and/or employs, other participants, sponsoring agencies, sponsors advertisers, and if applicable, owners and lessors of premises used to conduct event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY. WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANTS INFORMATION:

X _____ Age: _____ D.O.B: _____

Date Signed: _____

Address: _____

FOR PARTICIPANTS OF MINORITY AGE:

(under 18 at time of registration), This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child involvement or participation in those programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEEES, TO THE FULLEST EXTENT PERMITTED BY LAW.

X _____ Emergency Phone: _____

Initial One: Child's Parent _____ Court Appointed Legal Guardian: _____

Date signed: _____ Drivers License: _____

ALL FIELDS MUST BE FILLED OUT