

WAIVERS

I certify that my child's current physical condition is satisfactory for participating in the above CYO Program. I recognize and acknowledge that there are certain risks of physical injury in any recreational program and I hereby assume full responsibility for any expenses incurred as a result of my child's participation in the CYO Program.

I agree to: (a) waive and relinquish; (b) fully release and discharge; and (c) indemnify and hold harmless the Mercer County CYO, the Diocese of Trenton, and Hamilton Township, and their officers, agents and employees from any and all claims from injuries, damage or loss which may accrue to me on account of my child's participation in the CYO Program.

Signature _____

_____ Date

I give _____ /do not give _____ the CYO permission to use any photographs or video footage of my child for any promotional or other legitimate reason, including in newspapers, brochures, website/face book, etc.

Signature _____

_____ Date

I hereby acknowledge that I have been given to read a CYO Day Camp Handbook which includes: "Information to Parents", Release Policy, Discipline and Termination Policy and a Fee & Payment Policy, and our Refund Policy.

Signature _____

_____ Date

PICK UP AUTHORIZATION

Please list any additional people other than those that appear on the front of this registration form that are permitted to pick up your child from the CYO Day Camp. Are there any custody problems? _____

If so, on a separate sheet of paper, attached to this registration form, please briefly explain. We will need all court documentation prior to the start of camp. Proper photo I.D. is required for picking-up.

Name _____ Phone # _____ Relationship _____

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