



CONNECTIONS



Saturday, March 8, 2014

2014 Connections Spy Camp Information Form

Child's Name _____

Parent/Guardian Name _____

Date of Birth _____

Parent/Guardian Cell Phone Number while at Conference _____

City and State _____

Age _____

Program Rules

1. I will only leave the program site with the parent who registered today or an adult listed in the Alternate Contacts below.
2. I will respect fellow children and instructors.
3. I will participate in all of the activities to the best of my ability.
4. I will act in a safe and responsible manner.
5. I will have fun!

I have read the CONNECTIONS Conference Spy Camp rules, and I will abide by these rules. I understand that the CONNECTIONS Conference staff has the right to remove any person from the program that does not abide by these rules. If I am asked to leave, I understand that my tuition is nonrefundable.

Child Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Alternate Contacts/Transportation Arrangements

In the event of an emergency, I authorize the staff of Spy Camp to call the following individual/s. In the event that I, as parent, am incapacitated, I authorize the following individual(s) to pick up my child from the program:

Name/Relationship _____

Phone Number _____

Name/Relationship _____

Phone Number _____

Parent/Guardian Signature _____ Date _____

Photography Release

I authorize the CONNECTIONS Conference program to obtain, store, and/or use (without payment) any photographs, slides, and/or videotapes of my child for public relations, marketing/advertising, and/or internal training purposes.

Parent/Guardian Signature _____ Date _____

Liability Waiver (Must be signed in order for your child to participate in the program)

I am the parent/legal guardian of _____ ("Child"). On my own behalf and as parent and guardian, I acknowledge and agree that there is the possibility of physical injury or loss associated with my Child's participation in the CONNECTIONS Conference Spy Camp. I hereby release, discharge CONNECTIONS Conference and its affiliated organizations, employees and associated personnel including the owners of the conference facility against any and all claims, liabilities, and/or damages as a result of my Child's participation in the Program, including but not limited to, any claim that CONNECTIONS Conference was negligent. I further agree to defend and indemnify CONNECTIONS Conference, its affiliated organizations and employees and associated personnel if any claim is made against them by or on behalf of my Child. **I understand that Child will not be permitted to participate in the Program without my signing this Agreement. Finally, I acknowledge that Northwest Gifted Child Association is a Washington organization and I agree that Washington law will govern the interpretation and validity of this liability waiver.**

Parent/Guardian Signature _____ Date _____