



# FRIENDSHIP CIRCLE WINTER CAMP

## REGISTRATION FORM

Complete the registration form, and mail it along with payment to: Friendship Circle – 8825 N. Lake Drive, Bayside, WI 53217.  
Please note: We need this form filled out COMPLETELY and SIGNED before fully registering any child.

For Office Use Only: Date of receipt:		LM:	
<b>CAMPER INFORMATION</b>			
1. Camper's Name (Last, First)	M/F	Birth Date	Age
<b>Dates Attending camp:</b> <input type="checkbox"/> All Days (Tuesday, Wednesday, Thursday) - \$100 ~ \$90 before December 15 Or \$36 per day ~ \$30 before December 15: <input type="checkbox"/> Tuesday 12/28 <input type="checkbox"/> Wednesday 12/29 <input type="checkbox"/> Thursday 12/30			
<b>PARENT INFORMATION</b>			
Mother's Name	Home Phone	Work Phone	
Address	Email	Mobile Phone	
Father's Name	Home Phone	Work Phone	
Address (If different than above)	Email	Mobile Phone	
<b>EMERGENCY CONTACT INFORMATION</b>			
Emergency Contact Name (other than parents)	Relationship to Child		
Home Address	Home Phone	Work/Mobile Phone/Pager	
Additional Persons Authorized to Care for Child(ren)	Relationship to Child		
Home Address	Home Phone	Work/Mobile Phone/Pager	
Child's Physician or Medical Facility (name)			Phone
Physician's address			

## TRANSPORTATION INFORMATION

Please let us know who, other than yourself, has your permission to pick your child up from camp: **Please Note: Your child will not be released to anyone not on this list!**

## HEALTH HISTORY AND SPECIAL INSTRUCTIONS

In the past six months, has your child had any serious illnesses?  No  Yes If so, please list:

In the past six months, has your child been on any medications? If so, please list:

**Allergies:** Please list any known allergies that your child has:

Medication taken on a regular basis:

Please list any activities you would not like your child to participate in due to a limitation or medical condition of which we should be aware:

Please list your child's bathroom habits: (fully trained, wears a pull-up etc..)

Has your child been diagnosed with any of the following? If so, please list treatment, medications, etc:

Physical Handicaps  No  Yes

Rheumatic Fever  No  Yes

Heart Problems  No  Yes

Seizures  No  Yes

Asthma  No  Yes

Diabetes  No  Yes

ADD/ADHD  No  Yes

Other  No  Yes

Please describe any medical conditions or behavioral issues that would be beneficial to know in caring for your child and any additional information our staff should know to ensure your child has a safe, fun experience:

## REGISTRATION POLICIES AND PARENTAL CONSENT

\_\_\_\_ I hereby give permission to the Friendship Circle to transport my child in private cars to and from excursions while my child is in their care.

\_\_\_\_ I agree not to hold Friendship Circle liable for accidents, injuries, damage or fatalities which may occur in transit to/from the aforementioned events.

\_\_\_\_ I also waive all rights to sue the aforementioned organizations for any of the above mentioned incidents which may occur in transit.

\_\_\_\_ I allow Friendship Circle to photograph and/or videotape my child(ren) and to use these images for all promotional purposes.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SUNBURST SNOW TUBING AND RECREATION PARK**

**RELEASE OF LIABILITY**

**PLEASE READ CAREFULLY!**

**EACH PERSON** using a snow tube **MUST** complete and sign this form!

**ASSUMPTION OF RISKS**

I (we) understand that all forms of alpine activities are **hazardous** with many **dangers and risks** including but not limited to: **SNOWTUBING**, skiing and snowboarding, riding and disembarking lifts, changing weather conditions, variations in terrain, surface or subsurface snow or ice conditions, bare spots, rocks, trees, stumps and other forms of forest growth or debris, lift towers and components thereof, buildings and fences, pole lines and plainly marked or visible snowmaking equipment (all of the foregoing whether above or below the snow surface), **collisions with other persons** and a multitude of **other objects** are inherent to all forms of alpine activities including snowtubing. I understand that **falls, collisions and other accidents do occur**. I agree to **abide by the rules** set up by Sunburst and further acknowledge and understand that it is important to my safety to pay attention while loading, riding and disembarking the lift, **to be sure the lane is clear before starting downhill and to slowing and stopping before colliding with other people or objects.**

**RELEASE OF LIABILITY**

**As a condition of being permitted to use the premises, today or upon returning, I (we) agree to release, hold harmless and indemnify, and promise not to sue Sunburst Snowtubing and Recreation Park, Sunburst Ski Area, its owners, Summit Ski Corporation and their directors, officers, employees, agents and representatives, as I (we) freely and voluntarily assume all risks of injury, death or property damage occurring thereon and release Sunburst, its owners, employees and agents, from any and all liability for personal injury, death or property damage resulting from negligence, conditions of the premises, operations of the ski area, actions or omissions of its employees or agents, and from my participation in alpine activities at the area, accepting for myself the full responsibility for any and all such damage or injury of any kind to me or any minor children entrusted to me which may result.**

I further agree that any claim which I may at any time bring for any reasons against Sunburst, its employees and agents, shall be submitted to the jurisdiction of the Courts of Washington County in the State of Wisconsin and none other. I agree to reimburse Sunburst for its costs and attorneys' fees if it has to defend against any claim arising out of my participation and use of this pass. In the event that any section of this release is found unenforceable, the remaining terms shall be fully enforced.

***I (we) HAVE READ AND UNDERSTAND ALL THE TERMS AND CONDITIONS ABOVE AND I (we are) AM AWARE THAT BY SIGNING THIS AGREEMENT I (we are) AM WAIVING THE RIGHT TO SUE AND OTHER LEGAL RIGHTS WHICH I (we) OR MY (our) HEIRS MAY HAVE AGAINST THE RELEASES. I AM FREELY SIGNING THIS RELEASE WITHOUT NEGOTIATING ITS TERMS.***

(If under 18 years of age, a parent must sign below.)

**As a parent/guardian of the user named below, I agree to be bound by this release and hereby indemnify Sunburst, its owners, employees and agents, for awards, legal expenses and settlements arising out of the user's use of the premises.**

User or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

List all Family Members (those 18 & over must sign separate from)

Print Name
Street Address
City State Zip
Telephone
e-mail

# Pump It Up®

## Waiver, Release, Hold Harmless, and Indemnification Agreement Rev. 10.001

As Consideration for being allowed to enter the play area and/or Participate in any party and/or program at Pump It Up the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

1. I represent that I am the parent or legal guardian of the Participant(s) named below or I have obtained permission from the parent/legal guardian of the Participant(s) named below to execute this agreement on their behalf.

Participant Name	Date of Birth
Participant Name	Date of Birth
Participant Name	Date of Birth
Participant Name	Date of Birth

2. I acknowledge and understand that there are risks associated with participation in Pump It Up activities and the use of the play area and inflatable equipment including but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death.
3. I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume.
4. I agree that the Participant(s) named, and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at Pump It Up.
5. I, for myself, the Participant(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless and indemnify the independent owner of this Pump It Up facility, PIU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees from any and all injuries, liabilities or damages from participation.
6. I additionally agree to indemnify the independent owner of this Pump It Up facility, PIU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from participation.
7. I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.

Parent / Guardian Name (please print): \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact number: (     ) \_\_\_\_\_ or (     ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

By providing your e-mail address you acknowledge we may send you e-mail including Discount offers, special events, and Pump It Up news.