

# 2018 CHESTER BOWL ADVENTURE PROGRAM REGISTRATION FORM

NAME OF CHILD/ CHILDREN  1 2 3 4	AGE as of 6/11/18	NAME OF PARENT(S)/ GUARDIAN(S)  PHONE:  ALTERNATE PHONE:
STREET ADDRESS		
CITY		STATE/ZIP
PRIMARY EMAIL ADDRESS <b>PRINT NEATLY</b>		

**Please put the name of the child/children you are signing up under the “child name” category and put an “x” on the days that you would like to register for. Do this for each individual child.**

Camp DAY/DATE	COST	CHILD NAME:	CHILD NAME:	CHILD NAME:	CHILD NAME:
Day # 1 Monday, June 11	\$27				
Day # 2 Tuesday, June 12	\$27				
Day # 3 Wednesday, June 13	\$27				
Day # 4 Thursday, June 14	\$27				
Day # 5 Monday, June 18	\$27				
Day # 6 Tuesday, June 19	\$27				
Day # 7 Wednesday, June 20	\$27				
Day # 8 Thursday, June 21	\$27				
Day # 9 Monday, June 25	\$27				
Day # 10 Tuesday, June 26	\$27				
Day # 11 Wednesday, June 27	\$27				
Day # 12 Thursday, June 28	\$27				
Day # 13 Monday, July 2	\$27				
Day # 14 Tuesday, July 3	\$27				
Day # 15 Thursday, July 5	\$27				
Day # 16 Monday, July 9	\$27				
Day # 17 Tuesday, July 10	\$27				
Day # 18 Wednesday, July 11	\$27				
Day # 19 Thursday, July 12	\$27				
Day # 20 Monday, July 16	\$27				
Day # 21 Tuesday, July 17	\$27				
Day # 22 Wednesday, July 18	\$27				
Day # 23 Thursday, July 19	\$27				

Camp Day/Date	Cost				
Day # 24 Monday, July 23	\$27				
Day # 25 Tuesday, July 24	\$27				
Day # 26 Wednesday, July 25	\$27				
Day # 27 Thursday, July 26	\$27				
Day # 28 Monday, July 30	\$27				
Day # 29 Tuesday, July 31	\$27				
Day # 30 Wednesday, August 1	\$27				
Day # 31 Thursday, August 2	\$27				
Day # 32 Monday, August 6	\$27				
Day # 33 Tuesday, August 7	\$27				
Day # 34 Wednesday, August 8	\$27				
Day #35 Thursday, August 9	\$27				
Day #36 Monday, August 13	\$27				
Day # 37 Tuesday, August 14	\$27				
Day # 38 Wednesday, August 15	\$27				
Day # 39 Thursday, August 16	\$27				
Day # 40 Monday, August 20	\$27				
Day # 41 Tuesday, August 21	\$27				
Day # 42 Wednesday, August 22	\$27				
Day # 43 Thursday, August 23	\$27				
<b>SUB TOTALS</b>					

Total number of days x \$27.00 For all Children	
Registration fee \$50/Family	
<b>TOTAL</b>	

**BELOW FOR OFFICE USE ONLY**

DATE				
CASH/ CHECK #				
AMOUNT				
DEPOSIT LETTER				
AMOUNT DUE				
INITIAL WHEN IN QB				

REGISTRATION FEE IS DUE WITH REGISTRATION. REMANING BALANCE DUE JUNE 1ST. NO REFUNDS AFTER MAY 1, 2018. CHANGES MADE PRIOR TO MAY 1, 2018 ARE SUBJECT TO A \$5.00 ADMINISTRATION FEE PER DAY.

# Emergency & Health Information Form

Please use one form for each child and print neatly

## Camper

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age at the start of camp: \_\_\_\_\_

## Primary Parent/Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Day: \_\_\_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

## Parent/Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Day: \_\_\_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

Child resides with: \_\_\_\_\_

## Additional Contacts

Please list two additional people that are allowed to pick your child up or to be contacted in the event of an emergency.

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_

Please list the name(s) of any people who have restricted access to your child and the limits upon that access:

\_\_\_\_\_  
\_\_\_\_\_

## Health Information

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Information: Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Please list any medications your child is taking and the condition they are meant to treat: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please place a check mark next to any of the following conditions that may apply to your child. If a condition is applicable, please tell us more about the nature of the condition.**

- Allergies: \_\_\_\_\_
- Asthma: \_\_\_\_\_
- Dietary restrictions: \_\_\_\_\_
- Chronic or recurring illnesses: \_\_\_\_\_
- Special needs: \_\_\_\_\_
- Past relevant behavior issues: \_\_\_\_\_
- Please list any activities that your child should be excluded from during camp: \_\_\_\_\_  
\_\_\_\_\_

## **Release, Indemnification & Hold Harmless Agreement**

In consideration of participating in Chester Bowl Improvement Club activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the Chester Bowl Improvement Club (hereinafter referred to as CBIC) and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter referred to as "Releases"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in CBIC activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis, or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by negligence of the Releases. My/My child's participation in these activities is purely voluntary and we elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I or my child are unable to participate due to physical or medical conditions, then I will discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releases from any and all claims, demands, or causes of action which are in any way connected with my/my child's participation in these activities, or our use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct or conduct that constitutes greater than ordinary negligence. Should Releases or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I or my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I/my child have no medical or physical conditions which could interfere with our safety in these activities, or else I am willing to assume- and bear the costs of- all risks that be created, directly or indirectly, by such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releases' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable the remaining portions shall remain in full force and effect.

### **Parent/Guardian Authorization Section- Transportation/Medical**

1. In the event that I/my child need immediate medical attention for injuries received while participating in a CBIC program, I authorize CBIC staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency services as needed.
2. I give permission for myself and/or my child to be transported by the Releases as needed for field trips, inclement weather, or late pickup. I also give my permission to participate in walking field trips.
3. I hereby acknowledge that the CBIC will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file with the CBIC that indicates otherwise.
4. If I or my child requires use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and/or medication are on me or my child or within our personal belongings every day of the program. If CBIC staff is required to administer and use the epi-pen and/or

medication, I agree to forever release and discharge the CBIC and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen and/or medication.

**General**

1. I hereby release all pictures of myself or my child taken by the CBIC for promotional purposes and programming materials including the CBIC website.
2. I give permission for the CBIC to administer sunscreen as needed.
3. I give permission for my child to use "dangerous" tools such as pocket knives, hammers, hand saws, and other tools.
4. I give permission for my child to build camp fires, cook meals over camp fires, camp stoves and other devices.
5. I acknowledge that certain sections of this waiver may not apply to me/and or my child and the programs or activities that we have chosen but agree to be bound by any applicable language.

By signing this document, I agree that if I or my child is hurt or our property is damaged during participating in these activities, then I or my child may be found by a court of law to have waived our right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if the CBIC did not utilize waivers as a method to lower insurance and administrative costs. I have read and understood this document and I agree to be bound by its terms.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

**Parent or Guardian Additional Agreement**  
(Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian Signature \_\_\_\_\_  
Print Name \_\_\_\_\_ Date \_\_\_\_\_

## PEACE IN THE PARK COMMITMENT

At Chester Bowl, we believe that everyone has the right to participate in our programs in a safe, peaceful, caring environment where each person is respected. We believe in resolving conflicts without yelling or fighting and being a place where everyone can feel comfortable and safe. We believe that each participant has a personal responsibility to do everything they can to create this environment at Chester Bowl. We expect the people in our programs to welcome each other, watch out for each other, and demonstrate caring towards each other.

At Chester Bowl we do not allow abuse or harassment of any kind, including verbal abuse (name calling, inappropriate language); physical harassment or fighting; harassment or teasing based on religion, race, color, national origin, gender, age, ability, sexual orientation, or any other protected class; sexual harassment; or demonstration of lack of respect for another person.

Consequences for violating the principles of Peace in the Parks can include warnings, loss of program privileges (being able to participate in winter and/or summer activities) for part or all of the day, involvement of parents/guardians, and loss of privileges for longer periods of time including the entire season.

**AGREEMENT:** By signing this form we promise that we will follow the Peace in the Park guidelines and understand the consequences that will occur if we do not.

*Sign Below*

Child \_\_\_\_\_

Child \_\_\_\_\_

Child \_\_\_\_\_

Child \_\_\_\_\_

Parent \_\_\_\_\_

Date \_\_\_\_\_

If you have any questions please feel free to call Sam Luoma at 724-9832 or email at [sam@chesterbowl.org](mailto:sam@chesterbowl.org).

# Chester Bowl Scholarship Form

Please complete to request a waiver or reduction of the applicable program registration fee.

## Program Fees

If you are unable to pay all or part of the program registration fee, please complete the next section of this form. If you want to request a special payment plan, or if you have any questions regarding payment, please call Sam Luoma at (218) 724-9832.

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## Program Scholarship Recipient Information (please complete this section)

Name of Recipient \_\_\_\_\_

Address (street, city, zip) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Circle what program you're applying for: **Winter Program** or **Summer Camp**

Are you able to pay any amount of the program registration fee? (please circle) Yes or No

Total cost of your participation in this program \$ \_\_\_\_\_

Please, indicate the amount you are able to pay \$ \_\_\_\_\_

Please indicate the amount of scholarship money you are requesting \$ \_\_\_\_\_

I certify that the above information is accurate.

Name \_\_\_\_\_ Date \_\_\_\_\_





This optional, confidential survey helps us understand who participates in programs at Chester Bowl. This information is often important when applying for grants or government funding, and helps us out immensely. Thank you for taking the time to complete this form. No names are needed for this form, and it will be separated from the rest of the family's registration information.

Zip Code of primary residence: \_\_\_\_\_

Please list age (as of 6/11/18), gender, school and grade (entering Fall 2018) for each camper:

Age:	Gender:	School:	Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of campers of each race:

White: _____	American Indian/Alaska Native & White: _____
Black/African American: _____	Asian & White: _____
Asian: _____	Black/African American & White: _____
American Indian/Alaska Native: _____	American Indian/Alaska Native & Black: _____
Native Hawaiian/ Pacific Islander: _____	Other Multi-racial (not identified above): _____

Number of campers of Hispanic Ethnicity: \_\_\_\_\_

Is your family requesting a scholarship? (circle one)    Yes    No

Please circle your family income range IN THE SAME ROW as your overall family size.

FAMILY SIZE	INCOME	INCOME	INCOME	INCOME
1	Less than \$14,150	\$14,150 – 23,549	\$23,550 – 37,649	\$37,650 and higher
2	Less than \$16,240	\$16,240 – 26,899	\$26,900 – 42,999	\$43,000 and higher
3	Less than \$20,420	\$20,420 – 30,249	\$30,250 – 48,399	\$48,400 and higher
4	Less than \$24,600	\$24,600 – 33,599	\$33,600 – 53,749	\$53,750 and higher
5	Less than \$28,780	\$28,780 – 36,299	\$36,300 – 58,049	\$58,050 and higher
6	Less than \$32,960	\$32,960 – 38,999	\$39,000 – 62,349	\$62,350 and higher
7	Less than \$37,140	\$37,140 – 41,699	\$41,700 – 66,649	\$66,650 and higher
8	Less than \$41,320	\$41,320 – 44,399	\$44,400 – 70,949	\$70,950 and higher