2011 SCAMP Volunteer Form

Name _____ **Age** _____ **Birthday** _____

Address _____ **City** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Mother's Name _____ **Father's Name** _____

Mother's Contact _____ **Father's Contact** _____

Email _____

Please indicate which 3-weeks of SCAMP you are available for (we require a commitment of at least 3-weeks, Monday-Thurs)

_____ June 27-July 14 _____ July 18-August 4

Person (s) to be notified in an emergency

Name **Relationship** **Phone Number**

_____

_____

My Child Will: _____ Drive, walk or ride their bike home from SCAMP
_____ Be picked up by a parent
_____ Be picked up by someone other than a parent (name must be listed below)

Person (s) other than parent to whom the child may be released

Name **Relationship** **Phone Number**

_____

_____

Person (s) who are excluded from picking up the child

_____

Date of last tetanus shot _____ **Allergies** _____

Special Instructions if you become ill (we will contact the parent first if your child becomes ill, if you have other special instructions, please list them here)_____

_____

Doctor's Name _____ **Phone** _____

Address _____ **City** _____ **Zip** _____

I give consent for my child to take part in SCAMP and in field trips or excursions under proper supervision. I understand I will be informed of field trips.

Waiver of liability statement: In registering my child for this activity, I hereby release the Rochester Avon Recreation Authority, the City of Rochester, the City of Rochester Hills, and all supervisors, leaders and staff of all liability for damages or injuries sustained by my child while participating in these activities.

In the event of any accident, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permissions to the physician selected by the adult supervisor to hospitalize and provide necessary treatment for my child as named above. I acknowledge that the Rochester Community Schools, the Rochester Avon Recreation Authority and its supervisors, chaperones and staff cannot assume liability for injury enroute to or from SCAMP field trips and/or SCAMP activities.

Parent/Guardian Signature _____ **Date** _____