



2017 SUMMER CAMP RATES & INFORMATION

SUMMER HOURS: Monday - Friday, 8:00 am - 5:30 pm

SUMMER CAMP HOURS & RATES

HALF DAY - 8:00 am - 11:30 am

\$35 per day

8:00 am - 9:00 am - free play

9:00 am - 11:30 am - camp curriculum

ALL DAY - 8:00 am - 5:30 pm

\$77 per day (1-20 days)

\$72 per day (21+ days)

8:00 am - 9:00 am - free play

9:00 am - 3:30 pm - camp curriculum or field trip

3:30 pm - 5:30 pm - games, activities and free play

5% OFF
2ND CHILD

FREE ACTIVITIES

MONDAY

Music - older children

TUESDAY

Field Trips - older children

Yoga - younger children

WEDNESDAY

Water Play - all children

Field Trips - younger children

THURSDAY

Field Trips - older children

Music - younger children

FRIDAY

Swim - all children

AGES

OLDER CHILDREN

4¹/₄ - 8 years old (must be 4 years old by Feb 28, 2017)

YOUNGER CHILDREN

3 - 4¹/₄ year olds

**LIMITED SPACE AVAILABLE --
SEE 2017 SUMMER CAMP REGISTRATION FORM [PAGE 3]
FOR MORE DETAILS**

PARENTS: Older children enrolled in the All Day camp will attend field trips and ALL children enrolled on Fridays will attend open swim. PEEK will create on-site activities and/or age appropriate field trips for younger children.

WHAT TO PACK

HALF DAY:

M/T/W/TH - sunscreen applied, comfortable play clothes and walking shoes (no flip flops), optional hat and sunglasses

F - same as other days, but bring swim suit and towel

ALL DAY:

M/T/TH - sunscreen applied, lunch, snack, water bottle, comfortable play clothes, walking shoes (no flip flops), small blanket and comfort toy, optional hat and sunglasses

W/F - sunscreen applied, lunch, snack, water shoes (no flip flops), swim suit, towel, small blanket and comfort toy, optional hat and sunglasses

COMPLETE THE FOLLOWING FORMS

CURRENT STUDENT:

- Summer Camp Registration
- Summer Camp Authorization
- Field Trip Permission
- Park City Ice Arena Waiver

NEW CAMPER:

- Summer Camp Registration
- Summer Camp Authorization
- Emergency Information
- Child Health Assessment

- Release of Liability
- Field Trip Permission
- Park City Ice Arena Waiver

And a current Immunization Record prior to first day of camp



**FREE
FIELD TRIPS**

TUES & THURS
(Older Children)

*WEDNESDAY
(Younger Children)

FRIDAY
(All Children)

2017 SUMMER CAMP

2017 CAMP THEMES	DESCRIPTIONS	
WEEK 1 SUPER FRIENDS June 19-23	Want to become a new kind of SUPER HERO? Become a super friend! What is a bucket filler and what can you do to fill someone's bucket? Come and join us as we discover the many different ways to talk to, play with and treat our friends. Let's learn together through song, art and team building games and activities.	Super Hero Visits PEEK Rotary Park Open Swim at Kamas Pool
WEEK 2 ON THE FARM June 26-30	Old McDonald had a farm P-E-E-K-O. Let's get back to the barn. We'll spend our week learning about the animals that live on farms. We may even have a few fun egg games and butter making activities on the agenda.	Wheeler Historic Farm Heber Valley Artisan Cheese Open Swim at Kamas Pool * Bill White Farm
WEEK 3 THINGS THAT FLY OR FLOAT July 6-7 (Closed July 3-5)	During this short week we'll experiment with "things" that fly-or not and "things" that float-or not. We'll get to use our imaginations to create our own "things" while we use our minds to understand the physics of flying and floating.	Open Swim at Kamas Pool
WEEK 4 JURRASIC PARK July 10-14	Where do we begin? This is one Jurassic tale that children always seem to enjoy sharing and learning about. While on campus we'll use our imaginations and transform our sandbox into a paleontology dig sight. We'll spend our week researching, uncovering and discerning the many varieties of dinosaurs and their characteristics.	Natural History Museum Ice Skating Open Swim at Kamas Pool * Ecker Hill Park
WEEK 5 LETS GET MESSY July 17-21	Bob Larsen taught "art is the rearrangement of concepts and emotions into a new and pleasing pattern for esthetic purposes." This week we'll rearrange, discuss what we see and what we feel when creating our own art projects. Oh, and we may even get a little messy!	Tracy Aviary Ice Skating Open Swim at Kamas Pool
WEEK 6 IN THE GARDEN July 26-28 (Closed July 24-25)	Hanna Rion said "The greatest gift of the garden is the restoration of the five senses." During this short week we'll spend time looking at our garden, smelling and tasting leaves, listen to nature and touching many different plants. Let's not forget playing in the dirt.	Bill White Farms Open Swim at Kamas Pool
WEEK 7 WET & WILD July 31-August 4	As the summer gets hotter we'll plan a Wet & Wild week where we play in the sprinkler, the water bounce house and fish at Deer Creek Reservoir. We'll also, possibly, find a few water balloons and hoses to add even a little more excitement. While at Deer Creek Reservoir we'll pull out our "Huckleberry Finn" fishing poles to catch us a fish or two for dinner.	Deer Creek Reservoir Ice Skating Open Swim at Kamas Pool * Rotary Park
WEEK 8 DISCOVERY SCIENCE August 7-11	We may not be as famous as Bill Nye the Science Guy however we'll be just as creative and curious as we try our hand at science. The possibilities are endless when it comes to science: colored goo, floating eggs, water and oil, volcanos, gravity and more.	Discovery Gateway Swaner Preserve Open Swim at Kamas Pool * Fire Station #35
WEEK 9 END OF SUMMER CELEBRATION August 14-16 (Closed August 17-18)	We'll spend the last few days of summer camp enjoying the weather, the playground and having a BBQ. We may even eat a Popsicle or two after we've thrown a bucket of water balloons. The best part is we're just going to be kids.	This is The Place



THE "X" REPRESENTS DAYS THAT ARE FILLED. OPEN DAYS MAYBE IN "YOUNGER" &/OR "OLDER" GROUP. EMAIL OR CALL FOR MORE DETAILS. THANK YOU FOR PEEKING INTO OUR SUMMER CAMP PROGRAM.

2017 SUMMER CAMP REGISTRATION

Child's Name _____ Child's Birthday ___/___/___ Age as of 6/1/17: ___ yrs. ___ mos.

Mom's Name _____ Dad's Name _____

Mom's Cell (_____) _____ Dad's Cell (_____) _____

DAYS AVAILABLE ON FIRST COME FIRST SERVED AS OF 4/21/17. SUBJECT TO CHANGE WITHOUT NOTICE.

2017 CAMP THEMES	PLEASE CIRCLE		CIRCLE DAYS				
WEEK 1 June 19-23 SUPER FRIENDS	All	Half	19	20	21	X	X
WEEK 2 June 26-30 ON THE FARM	All	Half	26	27	28	29	X
WEEK 3 July 6-7 (Closed 3-5) THINGS THAT FLY OR FLOAT	All	Half	-	-	-	X	X
WEEK 4 July 10-14 JURASSIC PARK	All	Half	10	X	12	X	X
WEEK 5 July 17-21 LET'S GET MESSY	All	Half	17	18	X	20	X
WEEK 6 July 26-July 28 (Closed 24-25) IN THE GARDEN	All	Half	-	-	X	X	X
WEEK 7 July 31-August 4 WET & WILD	All	Half	31	1	X	X	X
WEEK 8 August 7-11 DISCOVER SCIENCE	All	Half	X	X	X	X	X
WEEK 9 August 14-16 (Closed Aug 17-18) END OF SUMMER CELEBRATION	All	Half	X	X	X	-	-

PRICING:

SUMMER CAMP FEE

ALL DAY

1-20 days \$77/day x _____ days = \$ _____

21+ days \$72/day x _____ days = \$ _____

HALF DAY

\$35/day x _____ days = \$ _____

SUBTOTAL = \$ _____

FEES, OTHER & GRAND TOTAL

1st Child Total = \$ _____

2nd Child Total = \$ _____ (5% discount)

Registration Fee = \$ 25.00

FREE Camp T-Shirt = XS S M (please circle size)

GRAND TOTAL = \$ _____



2017 SUMMER CAMP AUTHORIZATION

PLEASE READ AND SIGN BELOW:

- **AVAILABILITY:** Space is limited so please return this form as soon as possible. We will contact you with any scheduling conflicts.
- **PAYMENT:** Must be made in FULL with your registration in order to secure your summer camp reservation. If you are signing up for 20+ days, then a split payment plan may be authorized after talking with the PEEK office.
- **REFUNDS/CANCELLATIONS:** There will be no refunds. Changes and/or cancellations made with a week's notice will be given PEEK credit to use toward other camp days within 1 month, if space is available.
- **LATE FEES:** All campers MUST be picked up by 5:30 pm. If you are late picking your child up you will be charged a \$1 per minute until your child is picked up.
- **BEHAVIOR:** Being a safe environment, PEEK needs everyone to support the following: I understand my child, while at PEEK, on field trips or at swimming, will be expected to practice good manners, show respect, use appropriate language and age appropriate judgment with help and guidance from the PEEK Teaching Team. If at any time the PEEK Teaching Team is not able to redirect my child then I will be contacted with the understanding that I may need to promptly pick up my child. Children who hit, kick, spit or bite will be asked to leave for the day. If a second situation arises that child will be asked to leave our summer camp program.
- **FIELD TRIP AGE:** I understand that if my child turns 4 after February 28, 2017 then he/she will participate in the YOUNGER Summer Camp program. I also understand PEEK holds the final decision when determining if my child will attend a field trip and I also understand that PEEK will communicate their decision to me. The decision may be based upon age, ability, peers and/or scheduling allowing the child a positive off-campus experience. Children under 3 years of age may be considered if they are able to participate in developmentally and age appropriate activities during summer camps and are toilet trained.

I have read and signed the Field Trip Permission form.

Signature Required _____ Date _____

CREDIT CARD AUTHORIZATION:

I (we) hereby authorize PEEK to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction or otherwise agreed to by and between the cardholder and PEEK. I (we) understand this agreement is between myself (us) and PEEK. I (we) authorize PEEK to utilize Intuit's QuickBooks online to capture, create and transmit all credit card information. All disputes will be first discussed and addressed with PEEK and the cardholder. I (we) understand to properly affect the cancellation of this agreement, I (we) am required to give PEEK written notice of revocation. A minimum of five (5) business days is required to affect revocation.

PLEASE CIRCLE ONE:

Use Card on File (current families) Visa Mastercard Discover

PLEASE COMPLETE INFORMATION BELOW:

Credit Card Number _____ Expiration Date _____ CVC# _____

Card Holder Name _____

Billing Address _____ Zip Code _____

Signature _____ Date _____

THIS FORM MUST ACCOMPANY CAMP REGISTRATION, EMERGENCY INFORMATION, CHILD HEALTH ASSESSMENT, RELEASE OF LIABILITY, FIELD TRIP PERMISSION, PARK CITY KARATE WAIVER, PARK CITY ICE ARENA WAIVER, IMMUNIZATION RECORD AND PAYMENT.



EMERGENCY INFORMATION

<p>CHILD #1</p> <p>Child's Name _____</p> <p>Child's Birthday ____/____/____ Male or Female</p>	<p>CHILD #2</p> <p>Child's Name _____</p> <p>Child's Birthday ____/____/____ Male or Female</p>
<p>Mom's Name _____</p> <p>Mom's Work (_____) _____</p> <p>Mom's Cell (_____) _____</p> <p>Mom's E-mail _____</p> <p>Mailing Address _____</p> <p>Physical Address _____</p>	<p>Dad's Name _____</p> <p>Dad's Work (_____) _____</p> <p>Dad's Cell (_____) _____</p> <p>Dad's E-mail _____</p>
<p>Child(ren)'s Parents are: Married ____ Divorced living with _____ Other _____</p>	

PLEASE CIRCLE ONE:

Yes No PEEK may use this information or pictures in our School Directory and/or marketing?

EMERGENCY CONTACTS

- _____ CHECK if parents are the ONLY authorized pick-up person.
- _____ CHECK if parents are the ONLY emergency contact.

In case we are not available, PEEK may contact the following people to pick-up my child(ren):

NAME	ADDRESS	PHONE	RELATIONSHIP TO CHILD

PLEASE list one out-of-state contact:

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize The PEEK Program to obtain emergency medical care and/or provide emergency medical transportation for my child.

Parent Signature _____ Date _____



CHILD HEALTH ASSESSMENT

Child's Name _____ Child's Birthday ____/____/____

PLEASE CIRCLE ALL THAT APPLY:

Does your child have any known allergies or sensitivities to medications, foods, other? If yes please list below.

Yes No

Does your child have any of the following illnesses or medical conditions:

Asthma	Yes	No	Visual Impairment	Yes	No
Diabetes	Yes	No	Developmental Delays	Yes	No
Seizures	Yes	No	Physical Impairment	Yes	No
Heart Problems	Yes	No	Behavioral or Emotional Problems	Yes	No
Hearing Impairment	Yes	No	Other: _____		

List any additional health information, behaviors or special instructions you feel we need to be aware of in order to care for your child properly:

List any medications your child takes on a regular basis:

Yes No May PEEK post this information, as needed, in the school?

Name of Child's Medical Provider:

Parent Signature _____ Date _____

THIS FORM MUST BE COMPLETED FOR EACH CHILD ENROLLED, AND MUST BE REVIEWED ANNUALLY BY THE PARENT/GUARDIAN, AND ANY CHANGES NOTED. PLEASE PROVIDE YOUR CHILD'S IMMUNIZATION RECORD PRIOR TO HIS/HER FIRST DAY.



RELEASE OF LIABILITY (PEEK, LLC; dba: The PEEK Program)

Name of Child(ren): _____

THIS IS A LEGAL DOCUMENT.

PLEASE READ IT CAREFULLY BEFORE SIGNING.

I, THE UNDERSIGNED, BEING AT LEAST 18 YEARS OF AGE, HEREBY REPRESENT THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE CHILD(REN) NAMED ABOVE. I DESIRE THAT MY CHILD(REN) PARTICIPATE IN THE PEEK PROGRAM'S PRESCHOOL / KINDERGARTEN / STAY&PLAY / SUMMER CAMP PROGRAMS.

I understand The PEEK Program ("PEEK") will include a variety of activities, including but not limited to hiking, participation in sporting events, and field trips. I also understand my child(ren) will be transported by PEEK transportation to and from some of these activities as well as to and from school.

I am also aware that hiking, participation in sporting events, field trips and vehicular travel may pose risks, dangers and hazards, including but not limited to changing weather conditions, variations in terrain, auto accidents and negligence of others. I know my child(ren) may encounter these and other risks during the school year and/or summer camp and that serious injury or death may occur.

For myself and on behalf of my child(ren) and anyone claiming on behalf of or through my child(ren), I assume all risks of injury or death which may be associated with and/or result from my child(ren)'s participation in PEEK activities and I hereby release PEEK, its representatives, agents, affiliates, partners, officers, directors, servants and employees (hereinafter collectively "The PEEK Program" or "PEEK") of and from any liability, claims, demands, actions, and causes of action whatsoever for any loss, damage, injury, illness and harm of any kind and nature to my child(ren) or any other person arising out of or related to my child(ren)'s participation in PEEK activities unless such causes of action arise from PEEK's negligence. I intend that the assumption of risk and this Release of Liability be binding on myself, my child(ren) and anyone claiming on behalf of or through my child(ren), and I agree to indemnify and hold The PEEK Program harmless from all liability incurred as a result of lack of authority on my part to make this Release of Liability.

In addition, I agree to indemnify and hold PEEK harmless of and from any harm, injury, damage or loss to persons and/or property which my child(ren) may cause and/or contribute to while participating in PEEK activities.

I further authorize PEEK to call for medical care for my child(ren) or to transport my child(ren) to a hospital if, in the opinion of anyone working for PEEK believes medical attention is needed for my child(ren). I agree that upon transporting my child(ren) to any medical facility, clinic or hospital that PEEK's responsibility shall be totally fulfilled and PEEK shall not have any further responsibility for my child(ren). I agree to pay all costs associated with such medical care and related transportation of my child(ren) and indemnify and hold PEEK harmless from any cost incurred thereafter.

I warrant and represent that my child(ren) is in good health and there are no special problems associated with the care of my child(ren) and I have left no special instructions regarding my child(ren) unless contained within the special instructions section on the Child Health Assessment form which I have completed.

I have carefully read and I understand this Release of Liability and all of its terms. I understand that this is a release of liability which legally prevents me, my child(ren) or any other person from recovering in any lawsuit or in connection with any other legal claim for damages in the event of my child(ren)'s death or any injury to my child(ren). I nevertheless enter into this Release of Liability freely and voluntarily and agree that it is binding upon my child(ren), and our respective heirs, assigns, legal representatives and me.

FOR MYSELF AS AN INDIVIDUAL AND AS THE PARENT OR GUARDIAN OF MY CHILD(REN)

Parent Name _____ Parent Signature _____ Date _____



RESTROOM AWARENESS & QUIET TIME (YOUNGER KIDS)

The information you provide will assist our teaching team to meet your child's Restroom and Quiet Time needs.

Child's first and last name: _____ Age as of 6/1/17: _____ yrs. _____ mos.

In helping with your child's successes at school it's important you understand what will be expected of your child.

Your child will be expected to:

- be toilet trained
- be able to wipe themself
- be able to understand the importance of, and use, the proper amount of toilet paper
- dress themself after using the restroom or having an accident

Know that we will gladly help children needing assistance, but understand our school is not designed with a changing station but rather a normal restroom. If you are unsure about your child's readiness to attend PEEK's Summer Camp Program then consider a shorter day or postponing attendance for a period of time allowing them the opportunity to be successful while at summer camp.

PARENT TO PEEK COMMUNICATION

My child is:

_____ SUCCESSFUL, with maybe an infrequent accident now and again.

_____ moving towards success, but needs reminding (has a few accidents a month).

Our Office Team will happily meet with you if there is a concern.

_____ WE WOULD LIKE TO SET-UP A CONFERENCE TIME.

QUIET TIME

All children will participate in Quiet Time for approximately one hour. Children may nap or rest quietly while being read to or while listening to music. To comfort your child please provide a small blanket and comfort toy about the size of an adult hand.

PARENT TO PEEK COMMUNICATION

My child usually needs:

_____ to nap as long as needed (PEEK will set the limit)

_____ to nap for a ½ hour or less

_____ to not nap; should the child fall asleep PEEK will allow him/her to sleep for 15 minutes

Parent's Signature _____ Date _____



2017 SUMMER CAMP FIELD TRIP PERMISSION (OLDER KIDS)

I understand, if my child(ren) attends PEEK all day, on field trip days, that they will be expected to attend the scheduled field trip. However, PEEK may determine that my child(ren) remains on campus, rather than attend a field trip, due to age, ability, peers, behavior, scheduling or ratios. Also, if I add additional camp days, that include field trips, then I understand that I have granted permission for my child(ren) to attend. I, (print) _____

authorize (child) _____ to attend the below noted field trip(s).

Parent Signature _____ Date _____

2017 CAMP THEMES	TUESDAY AND THURSDAY FIELD TRIPS (10:00 am - 3:00 pm except where noted below)		FRIDAY OPEN SWIM (9:30 am - 12:00 pm)
WEEK 1 June 19-23 SUPER FRIENDS	June 20 A Special Guest @ PEEK Pinebrook Park	June 22 Rotary Park	June 23 Kamas Pool (SSA&FC)
WEEK 2 June 26-30 ON THE FARM	June 27 (8:30 am drop off) Wheeler Historic Farm	June 29 (8:30 am drop off) Heber Valley Artisan Cheese Heber City Park	June 30 Kamas Pool (SSA&FC)
WEEK 3 July 6-7 THINGS THAT FLY OR FLOAT (Closed July 3-5)	July 4 CLOSED	July 6 N/A	July 7 Kamas Pool (SSA&FC)
WEEK 4 July 10-14 JURASSIC PARK	July 11 Sugarhouse Park Natural History Museum	July 13 (8:30 am drop off) Ice Skating Trailside Park	July 14 Kamas Pool (SSA&FC)
WEEK 5 July 17-21 LET'S GET MESSY	July 18 Tracy Aviary Splashpad	July 20 (8:30 am drop off) Ice Skating Willow Creek Park	July 21 Kamas Pool (SSA&FC)
WEEK 6 July 26-28 IN THE GARDEN (Closed July 24-25)	July 25 CLOSED	July 27 Bill White Farm Rotary Park	July 28 Kamas Pool (SSA&FC)
WEEK 7 July 31-August 4 WET & WILD	August 1 Deer Creek Reservoir	August 3 (8:30 am drop off) Ice Skating Matt Knoop Park	August 4 Kamas Pool (SSA&FC)
WEEK 8 August 7-11 DISCOVER SCIENCE	August 8 (8:30 am drop off) Discovery Gateway Splash Pad	August 10 Swaner Preserve Trailside Park	August 11 Kamas Pool (SSA&FC)
WEEK 9 August 14-16 END OF SUMMER CELEBRATION (Closed August 17-18)	August 15 This is The Place	August 17 CLOSED	August 18 CLOSED

NOTE: South Summit Aquatic & Fitness Center = SSA&FC



2017 SUMMER CAMP FIELD TRIP PERMISSION (YOUNGER KIDS)

I understand, if my child(ren) attends PEEK, on field trip days, that they will be expected to attend the scheduled field trip. However, PEEK may determine that my child(ren) remains on campus, rather than attend a field trip, due to age, ability, peers, behavior, scheduling or ratios. Also, if I add additional camp days, that include field trips, then I understand that I have granted permission for my child(ren) to attend. I, (print) _____ authorize (child) _____ to attend the below noted field trip(s).

Parent Signature _____ Date _____

2017 CAMP THEMES	WEDNESDAY FIELD TRIPS		TRANSPORTATION
WEEK 2 June 26-30 ON THE FARM	Bill White Farm	June 28 9:30 - 11:30 am	PEEK Bus
WEEK 4 July 10-14 JURASSIC PARK	Ecker Hill Dinosaur Dig	July 12 9:30 - 11:30 am	PEEK Bus
WEEK 7 July 31-August 4 WET & WILD	Rotary Park	August 2 9:30 - 11:30 am	PEEK Bus
WEEK 8 August 7-11 DISCOVERY SCIENCE	Fire Station #35 (Kilby Road Station)	August 9 9:30 - 11:30 am	City Bus - Pink Line

* Children riding in PEEK vehicles who are less than 80 lbs and less than 57" tall are required to sit in a federally approved seatbelt restraint. PEEK will provide the necessary carseat or booster for your child.



www.parkcityice.org

The PEEK Program 2017 Summer Learn to Skate



Waiver and Release
\$36 for 3 weeks of classes



This Learn to Skate program has been set up for the students at The PEEK Program. Skaters will learn the basics of ice skating in a fun and exciting atmosphere. Our qualified professional skating instructors will teach skaters to go forward and backwards and stop, in addition to other skills, depending on the ability level of the class. It is strongly recommended that all skaters have **gloves, socks, mittens, long pants and a helmet**. The class includes: 30-minute class, skate rental and practice time each week for 3 weeks. Please complete and return this waiver and release, along with your other summer camp forms, to The PEEK Program.

Thursday Classes:
July 13, 20, and August 3

Class Time 9:15 - 9:45 am
Practice Time: 9:45 - 10:15 am

The PEEK Program Learn to Skate Program

Skater's Name: _____

Parent's Name: _____

Contact number: _____ Email: _____

Classroom: _____ Age: _____

Shoe Size: _____

Ability Level: 1. First Timer 2. Beginner- forward skating only 3. can stop and go backwards 4. 1-foot glides

WAIVER AND RELEASE

"I agree to waive and release Park City Municipal Corporation and the Park City Ice Arena, hereinafter called "City", its officers, agents and employees, from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising from my, or my child's, participation in the City recreation programs or any resulting illness/injury, and hereby agree to indemnify and hold harmless the City from and against any and all such claims. I understand and agree that by signing this waiver I am freeing the City, its employees, officers or agents from any liability resulting from my or my child's participation in this sponsored event or activity. I recognize that the recreational event or activity can be dangerous to me or to my child and accept those dangers. I understand that if I am, or my child is injured, this waiver will be used against me and anyone else claiming damage because of my or my child's injury in any legal action. I also understand that no employee or agent is authorized to modify this waiver. I hereby represent that I understand and am familiar with the nature of the activities in which I or my child will participate in this recreation program, that I am or my child is in good health and that I or my child do not have a physical or emotional condition, past or present, of which I am aware, which would in any way affect my or my child's ability to participate in the event or activity. **I also grant permission that photographs/video taken of me or my child during the recreation program may be used in future promotional materials.** " I HERBY CERTIFY THAT I HAVE

Parent or Guardian Signature: _____