



MADISON POLICE DEPARTMENT

Kids' Camp 2023 Application Form To be completed by Parent/Guardian (Please Print)

Applicants Name: _____
Last Name First Name MI

Address: _____

Sex: _____ Date of Birth: _____ Age: _____ T-Shirt Size: _____
Male/Female M/D/YR Youth Sizes YSM/YMD/YLG/YXL

School: _____

Parent/Guardian: _____
Last Name First Name MI

Relation to child: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Emergency Contact:

Name: _____ Phone: _____

Address: _____

Relation to Child: _____

Will anyone other than the parent or guardian listed above be picking up the child at any time during Kids' Camp? If so, who?

Additional information you would like to add? _____

Signature of Parent/Guardian

Date

Make Checks Payable to: Madison Police Foundation
***Completed registration forms due by midnight April 30, 2023. Thank You!**

As the parent and/or legal guardian of _____, a minor child (“Camper”), I do hereby acknowledge that I have read and understand this Waiver & Release and that I do voluntarily execute the same on behalf of Camper and do hereby consent to and give permission for Camper’s participation in all Kids’ Camp activities. I further state specifically that I am aware that these activities will include strenuous physical requirements as well as certain risks, including, but not limited to, illness, injury, and death. I understand and agree that Kids’ Camp attendance is voluntary and elective and that Camper’s participation in Kids’ Camp is being allowed in exchange for the execution of this Waiver & Release and the payment of the registration fee. As bargained for, I agree, for myself and for Camper, as follows:

1. I authorize the Madison Police Department to obtain emergency medical care, including but not limited to first aid, transport, or treatment by medical personnel onsite or at a hospital or other medical facility, which, at the discretion of City of Madison employees, may become necessary for my child in the course of Kids’ Camp activities. I also accept full responsibility for payment of all medical bills my child may incur by reason of participation in such activities, including but not limited to, charges for doctors, ambulances, other transportation, hospitals or other medical facilities, and any and all medication(s) administered.
2. I have provided all relevant health information about my child in the Kids’ Camp Health and Medical Summary, and I certify that it is true and correct. I certify that I have disclosed on that form any and all medical conditions my child has, and I have explained fully those that may impact his or her participation in the strenuous physical activities of Kids’ Camp.
3. I authorize the Madison Police Department and the City of Madison Board of Education to transport my child to and from activities scheduled away from Discovery Middle School, as well as to Insanity Skate Park.
4. I understand both that Kids’ Camp involves taxing physical activities in hot and humid weather and that Kids’ Camp involves activities at Insanity Skate Park. Camp activities may include, but are not limited to: dodge ball; swimming; mud and water games; roller skating and/or roller blading in an indoor rink with strobe lights, flashing lights, dim lighting, loud music, and loud or alarming bells, sirens, or other sounds; arcade games which may involve motion, flashing lights, loud music and loud or alarming bells, sirens, or other sounds; and an obstacle course on the school track. I acknowledge that such activities may place strenuous physical demands and stresses on the body. I further state that my child is in proper physical condition to participate in such activities.
5. I understand that Kids’ Camp involves demonstrations by Madison Police and emergency personnel, including possible demonstrations by Madison Fire and Rescue, HEMSI, and Huntsville MedFlight, and I accept all risks which may accompany Camper’s participation therein.

6. I understand that regardless of precautions taken by Kids' Camp organizers, Camper could be exposed to or contract COVID-19 while participating in Kids' Camp. I agree that Camper will follow any applicable government guidelines in place at the time of his/her attendance at Kids Camp. I acknowledge that Camper:
 - a. May choose to wear a mask, not wear a mask, wear a face shield, or take other precautions.
 - b. Will limit the possibility of COVID-19 exposure or transmission by such means as washing hands and using hand sanitizer.
 - c. Will not participate in camp if he/she has been in contact with anyone with a confirmed case of COVID-19 within the last 14 days.
 - d. Will not participate in camp if he/she has had a fever in the last 48 hours or has any symptoms of COVID-19 including cough, shortness of breath, sore throat, or any other symptom.

7. In exchange for the consideration of Camper being granted the opportunity to attend Kids' Camp, I hereby, for myself and my heirs, executors, administrators, successors, and assigns, and on behalf of Camper and for his/her heirs, executors, administrators, successors, and assigns, forever hold harmless, release, acquit, and discharge the City and its agents, servants, successors, assigns, and all other persons, departments, officers, officials, and employees of the City of Madison, Alabama, from any and all claims, actions, causes of action, demands, rights, damages, costs, losses of service, expenses, or compensation whatsoever, which I or the Camper now have or which may accrue on account of or in any way grow out of any and all known or unknown, foreseen or unforeseen, personal and bodily injuries, as well as any and all property damage, and any consequences directly or indirectly resulting, or to result, therefrom which arise from any action or inaction, whether individually or collectively made. I also will not allow any such claims to be made on my behalf, or on the Camper's behalf, by any family member or friend. Furthermore, I assume all risks of Camper's participation in Kids' Camp, and I waive any and all claims and causes of action arising from the unintentional or negligent conduct of the entities listed in this section, and I will indemnify and hold harmless the City of Madison, the Madison Police Foundation, the City of Madison Board of Education, the Madison Police Department, Huntsville MedFlight, HEMSI, and their servants, agents, employees, police officers, cadets, volunteers, and sponsors. I agree that the City of Madison, the Madison Police Foundation, the City of Madison Board of Education, the Madison Police Department, Huntsville MedFlight, HEMSI, and their servants, agents, employees, police officers, cadets, volunteers, and sponsors are released and forever acquitted from any and all claims of liability, which could be brought by me, my child, or my heirs, for illness or injury sustained by my child because of such participation.

8. I give permission for the use of Camper's name and/or picture for use in television broadcasts, promotional materials, or any other public accounts of this event, as well as for Web-based platforms including, but not limited to, City of Madison, Madison Police Foundation, City of Madison School Board, and Madison Police Department Web sites, Facebook pages, and other social media platforms.

9. This **Waiver and Release** contains the entire agreement between the parties hereto and its terms are contractual and not a mere recital. I have read it, I do fully understand it prior

to signing it and, by affixing my signature hereto, warrant that I am under no duress or undue influence to execute said document and that I sign the same freely and voluntarily.

10. The provisions of this Waiver and Release are intended to be severable and, if any one or more thereof should be held invalid for any reason, the rest shall nevertheless stand and be fully effective.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Camper's Name:

Parent/Guardian Name:

Home Address: _____ Phone:

E-

Mail: _____

Emergency Contact:

Name:

_____ Relationship _____ Phone: _____

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Name of Family Physician:

_____ Phone: _____

Personal Health Insurance Carrier:

Contract #: _____ Group #: _____ ID
#: _____

Circle appropriate answer on camper's behalf, and explain "Yes" answers on back:

Have you ever been hospitalized?	Yes	No
Have you ever passed out during or after exercise?	Yes	No
Do you have high blood pressure?	Yes	No
Do you have heart disease?	Yes	No
Do you have any allergies or skin problems?	Yes	No
Do you have or have you had any form of cancer?	Yes	No
Do you have diabetes?	Yes	No
Have you ever had a head injury?	Yes	No
Have you ever been unconscious?	Yes	No
Have you ever had or do you have seizures?	Yes	No
Do you have trouble breathing during or after activity?	Yes	No
Do you wear glasses?	Yes	No

Have you ever sprained, dislocated, fractured, or broken any bones or joints?	Yes	No
Do you use any special equipment (pads, braces, eye guards, etc.)?	Yes	No
Any reason to restrict full activity from swimming, long hikes, backpacking, or strenuous physical games?	Yes	No
Are your immunizations up-to-date (as required by the American Pediatrics Association)?	Yes	No
Are you currently taking any medications?	Yes	No

***Note to Parent/Guardian:** Please be sure that your Camper has taken all appropriate medication doses **before** arriving for Kids' Camp. Be advised that the Madison Police Department will **not** be responsible for administering any prescription or over-the-counter medications to Campers. In the event that your Camper has a known medical condition that may require immediate treatment from an inhaler, EpiPen, etc., please contact Officer Kyker to discuss your Camper's individual needs.

I hereby state that, to the best of my knowledge, my answers to the above questions are correct, and I have also read and hereby acknowledge the note to Parent/Guardian above.

Signature of Parent/Guardian

Date

WAIVER TO CARRY EPIPEN/ASTHMA INHALER

Parent/Guardian, you must complete this section if your Camper will be carrying an EpiPen or asthma inhaler during Kids' Camp.

Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition, I _____ (parent/guardian) hereby request that

(Camper) be allowed to keep the appropriate prescribed device on his/her person while participating in all Kids' Camp activities.

The prescribed device(s) is/are: EpiPen _____ Asthma inhaler _____

I understand that in order to participate in Kids' Camp, my child must be capable of safely storing the necessary EpiPen or asthma inhaler on his/her person (fanny pack or pocket) and using the device appropriately.

Signature of Parent/Guardian

Date