



www.saratogawinterclub.com

## 2009 Summer Camp Application Camp Dates July 17-19, 2009

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Birth date: \_\_\_\_\_ 500 Time: \_\_\_\_\_

T – Shirt size (circle one): Youth S M L Adult S M L XL XXL

US Speed Skating Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18 years of age)

Return **Application, Waiver & Medical Authorization** (if under 18 years of age) with a **\$135.00** check made payable to **Saratoga Winter Club** by June 30, 2009 to:

Saratoga Winter Club  
C/o Rick Timmerman  
41 Brookside Drive  
Saratoga Springs, NY 12866

NOTE: Refunds will not be issued after June 30, 2009

# WAIVER & RELEASE

**Saratoga Winter Club  
Saratoga Springs, New York  
July 17-19, 2009 Summer Camp**

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS PERMITTED TO USE THE ICE DURING THE 2009 SUMMER CAMP. **BY SIGNING THIS AGREEMENT, THE PARTICIPANT AFFIRMS HAVING READ THIS WAIVER AND FURTHER ACKNOWLEDGES RECEIVING A COPY OF THIS FORM FOR THEIR RECORDS.**

IN CONSIDERATION of my involvement in the sport and activities under the auspices of the Saratoga Winter Club, I acknowledge, appreciate and agree that:

1. I RISK BODILY INJURY, INCLUDING PARALYSIS, DISMEMBERMENT, DISABILITY AND DEATH, AND while particular rules of my sport, equipment, and personal training and discipline may reduce this risk, THIS RISK OF INJURY DOES EXIST, AS WELL AS THE RISK OF DAMAGE TO OR LOSS OF PROPERTY;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official; and,
4. I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, and NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS, and PROMISE NOT TO SUE THE SARATOGA WINTER CLUB OR OTHER SPONSORING ORGANIZATIONS, THEIR OFFICERS, VOLUNTEERS, STAFF, SPONSORS AND/OR AGENTS, ("RELEASEES") WITH RESPECT TO ANY AND ALL INJURY AND LOSS ARISING FROM MY PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE OR WANTON MISCONDUCT.

**I have read this Release of Liability and Waiver Agreement, fully understand its terms and sign it freely and voluntarily.**

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Participant's Name (Printed)** \_\_\_\_\_

## **FOR PARTICIPANTS OF MINORITY AGE**

(Under Age 18 at the Time of Registration)

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the Releasees from any and all Liability incident to my/our minor child's involvement as stated above.

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Legal Guardian Name (Printed)** \_\_\_\_\_

**AUTHORIZATION FOR MINOR'S MEDICAL TREATMENT**

**Child**

Full Legal Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**Doctor's Information**

Doctor's Name: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_  
Doctor's Office Phone: \_\_\_\_\_ Doctor's Emergency Phone: \_\_\_\_\_  
Medical Insurer/Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Allergies to Medications: \_\_\_\_\_  
Allergies (Other): \_\_\_\_\_  
Date of Last Tetanus Shot: \_\_\_\_\_  
If applicable, please note the conditions for which the child is currently receiving treatment:  
\_\_\_\_\_  
\_\_\_\_\_

Note any other significant medical information:  
\_\_\_\_\_  
\_\_\_\_\_

**Parent(s)/Legal Guardian(s):**

**Parent #1:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Parent #2:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

I do hereby solemnly swear that I have legal custody of the aforementioned minor child.

I grant my authorization and consent for ANY SENIOR MEMBER OF THE SARATOGA WINTER CLUB (hereafter "Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective commencing on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and expiring one year from the date signed.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Parent #1's Signature

\_\_\_\_\_  
Parent #2's Signature