

**FORM A18: ARRIVAL AND DEPARTURE PROCEDURES/AUTHORIZED PICK-UPS/ EMERGENCY CONTACTS**

**Forms MUST be completed electronically, printed, signed and returned to us!!!**



**CAMPER FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ARRIVAL AND DEPARTURE PROCEDURES**

**MORNING DROP OFF TIME:** 7:30 - 9:00 a.m.: "B-4 Care" Arrival Time

**9:00 a.m.:** Standard Camp Arrival Time

**EVENING PICK UP TIME:** 4:00 p.m.: Standard Camp Pick Up Time

**4:00 – 5:30 p.m.:** "@ Care" Pick Up Time

**ARRIVAL PROCEDURES:** Park and walk with your child to the sign-in location. Complete the official **KIDZ CAMP ATTENDANCE ROSTER** and sign your child in for the day. When you and your child have received instructions for the day and he/she has been checked for lunch/lunch \$, water bottle, swimsuit and sunscreen, you are free to go and leave your camper with our staff ☺.

**DEPARTURE PROCEDURES:** Park and walk to the sign-out location. Notify our staff as to whom you are picking up. Sign them out on the official **KIDZ CAMP ATTENDANCE ROSTER**. Gather all personal belongings including crafts and projects before leaving the premises ☺.

*\*Please remember that photo identification will be required until we get to know you and your child.*

\*A late fee of \$1 per minute will be charged for every minute you are late. It is imperative that if you encounter an emergency or realize you will be late that you contact us at the camp cell phone number that will be given to you.

\*If we have not heard from you and more than 15 minutes have passed since the conclusion of our program, we will call you and other persons on your authorization list to make alternative arrangements for your child's return home. In the event no one is reached, we will contact York County Children and Youth and let them know we are unable to contact the parents/guardians.

**RELEASING YOUR CHILD:** We will not release your child to anyone other than those listed on the **AUTHORIZED PICK UP** Form.

\_\_\_\_\_  
PARENT/GUARDIAN NAME (Please Print)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE:

\_\_\_\_\_  
DATE (R 3.5.18)



**CAMPER FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**AUTHORIZED PICK UP**

Name of **ALL** Persons Authorized to Drop Off and Pick Up Child Including Self and Other Parents/Guardians

**NO ONE WILL BE ALLOWED TO SIGN A CHILD IN OR OUT OR TAKE HIM/HER OFF THE PREMISES WITHOUT PERMISSION!**

*Please remember that photo identification will be required until we get to know you and your child.*

NAME:	PHONE:	ADDRESS:	RELATIONSHIP:

Are there custody issues that we should be aware of (Choose One):  YES  NO

\*If you checked yes, please provide appropriate documentation.

List anyone who is UNAUTHORIZED to pick up your child: \_\_\_\_\_

**\*PLEASE NOTE:** Our staff follows our Departure Procedures and we only release campers to those listed on the Authorized Pick Up form, however, as an added security safeguard it is helpful for us to know if there is anyone who should not be around your child for any reason.

\_\_\_\_\_  
PARENT/GUARDIAN NAME (Please Print)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE:

\_\_\_\_\_  
DATE (R 3.5.18)



**CAMPER FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**EMERGENCY CONTACTS**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Day Phone #

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Day Phone #

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Day Phone #

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (R 3.5.18)

**FORM B18: HEALTH INFO/CONSENT FOR MEDICAL TREATMENT****Forms MUST be completed electronically, printed, signed and returned to us!!!**

CAMPER FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**HEALTH INFO/CONSENT FOR MEDICAL TREATMENT****HEALTH INFORMATION:**

Medical/Health Insurance Provider: \_\_\_\_\_

Child's Medical Subscriber #: \_\_\_\_\_ Group #: \_\_\_\_\_

\_\_\_\_\_  
Physician's Name\_\_\_\_\_  
Physician's Phone #\_\_\_\_\_  
Physician's Address

<b>ALLERGIES:</b>	<b>REACTION:</b>	<b>TREATMENT:</b>
<b>DRUG SENSITIVITIES:</b>	<b>REACTION:</b>	<b>TREATMENT:</b>
<b>MEDICAL CONDITIONS:</b>	<b>(i.e. asthma)</b>	<b>TREATMENT:</b>

**My child takes the following PRESCRIPTION (or over the counter) MEDICATION, which I will provide in its' original container in a sealed bag inscribed with my child's name and dosage instructions for each day of camp. I understand that only the dosage for each particular day should be brought to camp. Each day parents/Guardians MUST sign medication in on their child's MEDICATION LOG as well as orally communicate with the Kidz Camp staff.**

MEDICATION:	DOSAGE:	FREQUENCY:	NOTE(s):

\_\_\_\_\_  
PARENT/GUARDIAN NAME (Please Print)\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE\_\_\_\_\_  
DATE**CONSENT FOR MEDICAL TREATMENT:**

I, the undersigned, certify that I am the legal Parent/Guardian of the above named child and that he/she is in good health and has had a physical within the past two years. I do hereby consent to any examinations, x-rays, medications, and anesthesia and surgical treatment of the above named minor that may become necessary based on the recommendations that may be made by the attending physicians overseeing his or her care or to which I have given consent on the Kidz Camp at Heritage Hills "Health Info/Emergency Contact/Consent for Medical Treatment" form. It is understood that this consent is given in advance of any accident or illness that may require diagnosis and treatment, but is given to encourage physicians to use their best judgment and to proceed immediately with any necessary treatment. This authorization for diagnosis and treatment is valid only in the event that the undersigned parent or guardian cannot be reached in case of emergency and shall remain in effect until revoked in writing.

In case of a medical emergency, if I cannot be reached, I give my permission for my child to be transported to the following hospital at my expense:

\_\_\_\_\_  
HOSPITAL NAME:\_\_\_\_\_  
ADDRESS:\_\_\_\_\_  
PHONE #:

If no hospital is listed above, I permit and authorize Kidz Camp at Heritage Hills' personnel to transport or arrange ambulance transportation to either the Memorial Hospital or the York Hospital. I understand I will be notified immediately using the contact information I have provided if my child is experiencing a medical emergency. In the case of a non-threatening injury, I understand I will also be called and my instructions for care will be requested and followed.

I agree to assume any and all risk of accident or injury that my child may sustain from whatever cause in connection with his or her participation in Kidz Camp at Heritage Hills. I further agree to hold Kidz Camp at Heritage Hills, its employees, agents, and Board of Directors, harmless should any accident or injury occur to my child. I understand that no medical insurance is provided by Kidz Camp at Heritage Hills itself.

\_\_\_\_\_  
PARENT/GUARDIAN NAME (Please Print)\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE\_\_\_\_\_  
DATE

(R 3.5.18)

**FORM C18: CODE OF CONDUCT/POLICIES & PROCEDURES/RELEASE OF LIABILITY**

**Forms MUST be completed electronically, printed, signed and returned to us!!!**



**CAMPER FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**Code of Conduct**

I acknowledge that I have read, consent and agree to the Code of Conducts' procedures and guidelines as stated. I have also read and explained the Code of Conduct with my child so that he/she fully understands the expectations of camp and my child has agreed to the Code of Conducts' procedures and guidelines.

In addition, I have personally read through the on-line registration and payment process and agree to all of the Policies and Procedures.

\_\_\_\_\_  
PARENT/GUARDIAN NAME (Please Print)                      PARENT/GUARDIAN SIGNATURE                      DATE

\_\_\_\_\_  
CAMPER NAME (Please Print)                      CAMPER SIGNATURE                      DATE (R 3.5.18)



**CAMPER FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**Policies and Procedures**

I have personally read through the on-line registration and payment process and agree to all of the Policies and Procedures.

I understand that participants of KIDZ CAMP AT HERITAGE HILLS have individual and group photographs taken during the various activities and programs. By signing my child up for this camp and thus being a participant, I acknowledge that I am consenting for my child to have his/her photograph taken and used for various purposes.

\_\_\_\_\_  
PARENT/GUARDIAN NAME (Please Print)                      PARENT/GUARDIAN SIGNATURE                      DATE

\_\_\_\_\_  
CAMPER NAME (Please Print)                      CAMPER SIGNATURE                      DATE (R 3.5.18)



**CAMPER FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**Release of Liability:**

All parents/guardians must agree to the following: In choosing to participate in Kidz Camp at Heritage Hills, I understand that I release Kidz Camp at Heritage Hills, all it's officers and employees from any liability for any bodily injury and damage to personal property of me and/or my children sustained while participating in programs at any of the Kidz Camp at Heritage Hills and affiliates properties and facilities or those programs sponsored by Kidz Camp at Heritage Hills at other facilities, including (without limitation) injuries sustained during travel. I am aware of the degree of physical activity that my child will be participating in and have received approval for them to do so by a physician. As a participant of Kidz Camp at Heritage Hills, I grant permission for my child to use all program play equipment and materials and participate in all program and activities.

\_\_\_\_\_  
PARENT/GUARDIAN NAME (Please Print)                      PARENT/GUARDIAN SIGNATURE                      DATE (R 3.5.18)





**ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT  
("Agreement")**

**Current Date** (Month/Day/Year): \_\_\_\_\_ **Group:** KIDZ CAMP AT HERITAGE HILLS/Summer 2018

**Camper Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Assumption of Risk: I, the undersigned, do hereby understand and acknowledge that the recreational sports and activities offered by Heritage Hills Golf Resort & Conference Center carry inherent risks that could lead to serious injury or death. I hereby expressly and voluntarily accept and assume all risks involved within the Black Rhino laser tag experience offered by Heritage Hills Golf Resort & Conference Center.

I have read and agree to follow all rules or ask for an explanation of all rules and policies that are posted throughout the facility and on the back of this form. I understand that I may ask for and will receive additional instructions on the use of any equipment or an explanation of any rules at any time. I also acknowledge that I have been given the opportunity to ask for additional instruction on the use of any equipment or explanation of any rules.

I accept for use, AS IS, any and all areas at or associated with Heritage Hills Golf Resort & Conference Center.

Release of Liability: In consideration of being allowed to participate in the recreational sports and activities, I AGREE THAT I WILL NOT SUE AND WILL RELEASE FROM ANY AND ALL LIABILITY HERITAGE HOSPITALITY MANAGEMENT, HERITAGE HILLS GOLF RESORT & CONFERENCE CENTER, THEIR OWNERS AND OPERATORS, AND THEIR OFFICERS, DIRECTORS, AGENTS, SERVANTS AND EMPLOYEES (HEREINAFTER REFERRED TO AS "HERITAGE HILLS"). IF I OR ANY MEMBER OF MY FAMILY IS INJURED WHILE PARTICIPATING IN RECREATIONAL SPORTS AND ACTIVITIES OR WHILE BEING PRESENT AT THE FACILITIES, EVEN IF I CONTEND THAT SUCH INJURIES ARE THE RESULT OF ANY NEGLIGENCE, OR ANY OTHER IMPROPER CONDUCT FOR WHICH A RELEASE IS NOT CONTRARY TO PUBLIC POLICY, ON THE PART OF HERITAGE HILLS.

I further agree that I WILL INDEMNIFY AND HOLD HARMLESS HERITAGE HILLS from any loss, liability, damage or cost of any kind that it may incur as a result of any injury caused by myself, by any member of my family or by any person for whom I am signing his Agreement, even if I contend that such injuries are the result of any negligence or any other improper conduct for which a release is not contrary to public policy, on the part of Heritage Hills.

Notwithstanding the foregoing, if I sue HERITAGE HILLS, I agree that I will only bring suit, whether on my own behalf or on behalf of a family member, in the Court of Common Pleas of York County or in the United States District Court for the Middle District of Pennsylvania.

I understand and agree that this Agreement is governed by the laws of Pennsylvania. I further agree that if any part of this Agreement is determined to be unenforceable, all other parts shall be given full force and effect.

Furthermore, by signing this waiver I consent to the use of my image, likeness, actions and statements in connection with any live or recorded audio or photograph while participating in any recreational sports and activities offered by Heritage Hills Golf Resort & Conference Center.

**Participant First Name:** \_\_\_\_\_ **Participant Last Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ (R 3.5.18)