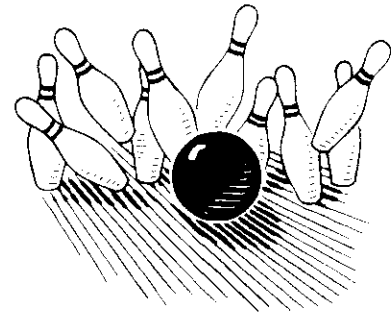


# North Lanes Bowling Day Camp (Grades 1-6)

One low price includes bus transportation both ways, bowling, shoe rental, instruction from qualified camp counselors, lunch, achievement awards, tournaments, an end of camp party and maybe a bowling party with parents. Before and after childcare is also available. Limit 70. Before and after care camp care available.



Fee: \$80 (\$100 after 7/28)

# 2061 Bowling Camp

8/11 - 8/15

9:30 am - 1:30 pm

Pickup and Dropoff at Summa Wellness Institute, 5625 Hudson Drive

## HCER REGISTRATION FORM (330) 653-1210

Hudson Community Education & Recreation • 2440 Hudson Aurora Road • 44236  
 Fax: (330) 653-1366 Make checks payable to: Hudson City Schools

Parent's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

For office use only:  
 Receipt #: \_\_\_\_\_



Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_ e-mail \_\_\_\_\_

### Youth Activities: Must Complete Medical Authorization

Participant	Class #	Course Name	Grade	Birthdate	Fee

CC PAYMENT: CARDHOLDER NAME: \_\_\_\_\_

CARD# \_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

I, as parent or guardian of this registrant, do hereby consent to his/her participation in the listed program. Registrant is in good health and can participate in all activities. Therefore, in consideration of services to be performed, we do hereby release the Hudson City School District Board of Education, Hudson Community Education and Recreation, its officers, agents, members, and employees (collectively referred to as the "Board"), in their official and individual capacities from any and all claims, liability or demands for any personal injury, sickness or death as well as property damage expenses of any nature whatsoever which may be sustained or incurred by said registrant in connection with participation. Furthermore, we, on behalf of the registrant, hereby assume all risk of personal injury, sickness, death damage and expenses as a result of the registrant's participation in the listed program.

The undersigned further agrees to defend, hold harmless and indemnify the Board for any liability sustained by said Board as a result of the negligent, willful or intentional acts of the registrant.

List any special considerations or health problems, medications or allergies and specify which child if registering more than one:

In the event of an emergency, if parents/guardians cannot be reached at phone numbers listed, please contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relation \_\_\_\_\_

The undersigned acknowledges that the Board does not provide insurance for participants. I further acknowledge that registrant must have insurance coverage to participate in the program listed. I hereby certify the presence of such valid health insurance policy for registrant. In the event that reasonable attempts to reach parents/guardians at the phone number listed have been unsuccessful, I hereby give my consent for the administration of any and all emergency treatment deemed necessary by a licensed physician or the transfer of child to nearest appropriate hospital or emergency facility.

We further understand, consent and agree that the Board will not be held responsible for the results of such emergency treatment.

**X** \_\_\_\_\_  
 Parent/Guardian Signature for Medical Consent, Participation, and Waiver and Release Date \_\_\_\_\_