

Student, Contact, and Health Information

Student Information

Full name _____ Age _____ Grade in the Fall of 2017 _____

Address _____ City _____ Date of Birth _____

Circle all weeks your child will attend: Week 1: June 12– June 16 Week 2: June 19 – June 23
Week 3: June 26– June 30 Week 4: July 3– July 7
Rate is \$160 per week

Circle t-shirt size– YS, YM, YL, YXL, S, M, L, XL

School **attended** during the **2016-2017** school year _____

City _____ School District _____

School **attending** during the **2017-2018** school year _____

City _____ School District _____

Academic strengths _____

Academic weaknesses _____

Other relevant strengths, weaknesses, or areas of concern _____

Contact Information

Name of Primary Guardian(s) _____ e-mail _____

Address _____ Home Phone _____

Name _____ cell _____ wk _____

Name _____ cell _____ wk _____

Other Emergency Contact _____ Relationship _____

Home _____ cell _____ wk _____

____ Yes, I am interested in fundraising for my child to help pay enrollment fees. Contact me at _____

Health Information

Allergies or Medical Conditions _____

Relevant information regarding medications child takes regularly _____

Physical limitations _____

My child has been examined within the past year by a health care professional and is able to participate in the Reading Heroes summer camp program.

Parent Signature _____ Date _____

Transportation and Liability Release/ Authorization

Transportation

Student Name _____

Reading Heroes staff is authorized to release my child to the individuals listed below. I understand that each authorized person must be at least 16 years old, and that my child will not be permitted to leave with anyone not listed below.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Reading Heroes begins at 8 am and ends at 12:00 pm. No child may be dropped off before 7:30 am and parents may not leave their child unless a teacher is present. Students must be picked up by 12:00 pm each day.

Parent Signature _____ Date _____

Liability Release/Authorization

I hereby represent and warrant that I am the guardian of _____ and am authorized to provide the releases, authorizations, and permissions as stated below and all information is accurate and complete. I hereby give permission for my child to participate in all program activities and agree to release Magic Mirror, Inc. (Reading Heroes), Hays CISD, its agents, officers, employees, servants, and volunteers from all liability arising from any harm or injury incurred by the participation of my child in the Reading Heroes summer camp program. No personal information other than the participant's first name will be released under any circumstances except as required by law. By way of copy of this form, I authorize the staff of Magic Mirror, Inc. (Reading Heroes) to obtain medical/hospital treatment for the above participant in the event of an emergency.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Reading Heroes **has my permission** to photograph or video record my child while at camp. Reading Heroes may use my child's photograph or video for camp projects/activities, the Reading Heroes website, newspaper opportunities, promotions/publicity, etc.

Parent Signature _____ Date _____

or

Reading Heroes **DOES NOT have my permission** for my child to be photographed or video recorded.

Parent Signature _____ Date _____

**Hays C.I.S.D. Community Use of District Facilities
Management Guidelines and Rental / Use Application Form**

LIABILITY INSURANCE WAIVER NOTICE AND RELEASE FORM

Instructions: This form is to be signed by all Event Participants when the Event Sponsor requests and receives a waiver of the liability insurance requirements pursuant to paragraph 11 of the Rental / Use Application Form. A parent or guardian is required to sign the liability waiver for any participant 17 years of age or younger. The Event Sponsor is responsible for distributing forms to all Event Participants and submitting signed forms to Hays C.I.S.D. prior to the event. Participants declining to sign the form are not eligible to use Hays C.I.S.D. facilities for Event purposes.

Event: _____ Reading Heroes _____ Event Sponsor: _____ Magic Mirror, Inc. _____

Date: 6-12 to 7-7-17 Time: _ 8 am to noon _ Facility: _ Elm Grove Elementary School

1 – NOTICE OF WAIVER OF INSURANCE REQUIREMENTS

Event participants are notified that the Event Sponsor has requested and received a waiver of the requirement that the Event Sponsor provide liability insurance for the Event. Participants are further advised that the Hays C.I.S.D. is not liable for personal injury or property damage occurring on school district property. When participating in the Event you will be responsible for providing any insurance for bodily injury, property damage, or legal injuries or liabilities that you may incur. You are also responsible for determining whether you wish to assume these risks by participating in the Event.

2 – RELEASE OF LIABILITY

For and in consideration of the Hays C.I.S.D.'s agreement to permit the Event Sponsor and the Participant to use Hays C.I.S.D. facilities for Event purposes, Participant releases the Hays C.I.S.D., its officials, employees and volunteers from any and all liability for any claim by Participant of bodily injury, property damage, or other legal injury of any description arising from Participant's use of Hays C.I.S.D. facilities or participation in or attendance at the Event. The term "Participant" includes both the individual Participant and any parent or guardian signing this document on behalf of the Participant.

Participant further covenants and agrees that Participant or Participant's legal representatives will not assert or file any claim against Hays C.I.S.D., its officials, employees or volunteers seeking monetary or other relief of any description based on any claims released in this document. Participant agrees to indemnify and hold harmless Hays C.I.S.D., its officials, employees or volunteers from all costs and expenses of defending against such claims.

The release and indemnity obligations of Participant shall apply without regard to whether the bodily injury, property damage, or other legal injury complained of were caused, in whole or in part, by the Hays C.I.S.D., its officers, employees or volunteers.

This release does not waive any claim of governmental or statutory immunity or any other legal defense available to the Hays C.I.S.D. or its officials, employees or volunteers under Texas or federal law.

By signing below I certify that I have read, understand and accept the terms of this document. I further certify that I am aware that this document contains a release of important legal rights and that I may consult an attorney prior to signing.

Event Participant

Parent/Guardian (if Participant is 17 or younger)

Printed Name

Printed Name

Mail forms and payment to:

Laura Younts

1022 Tate Trail

San Marcos, TX 78666

***Do not mail cash. Make checks payable to Reading Heroes.**