

The Ridge Club



Kids Academy



The Ridge Club , 70 Country Club Road, Sandwich MA 02563

www.ridgeclubcapecod.com

Academy Dates & Themes

Session I July 9th - July 13th

Session II July 16th - July 20th

Session III July 23rd - July 27th

Session IV July 30th - August 3rd

Session V August 6th - August 10th

Session VI August 13th - August 17th

Academy Time

9:00am - 3:00pm Mon-Fri

Academy Ages

Ages 5-12yrs of age

Academy Price

\$375 per child (per week)

Registration Form

Member Name: _____ Phone #: _____

Mailing Address: _____

Child's Name: _____ Date of Birth: _____

Relation to Member: _____

Allergies or Impairments: _____

Emergency Contact: _____

Emergency Phone #: _____

Local Physician: _____

Physician's Phone #: _____

Shirt Size: _____

Desired Session(s) Monday – Friday/ 9:00am – 3:00pm

- Session I July 9th - July 13th
- Session II July 16th - July 20th
- Session III July 23rd - July 27th
- Session IV July 30th - August 3rd
- Session V August 6th - August 10th
- Session VI August 13th - August 17th

I give permission for my child to participate in all club activities while enrolled at the Ridge Club Kids Camp. I understand the risk involved in the participation in sports, swimming and other activities programmed for the Ridge Club camp.

Signature: _____ Date: _____

First Aid & Emergency Care Consent Form

Child's Name: _____ Date of Birth: _____ I
_____ authorize staff members of the Ridge Club who are trained in the basics of
First Aid/CPR to give my child first aid CPR when appropriate. I understand that every
effort will be made to contact me in the event of an emergency requiring medical atten-
tion for my child. However, if I cannot be reached, I hereby authorize the program to
transport my child to the nearest medical care facility and/or to
_____, and to secure necessary medical treatment for my
child. Child's Physician Name: _____ Phone Number: _____ Ad-
dress _____ Child's Allergies/Special Diets: _____ Medi-
cations: _____ Chronic Health Conditions*: _____

Special Limitations or Concerns: _____

Health Insurance Coverage: _____ Policy #: _____ *

Please attach any Individual Health Plans regarding chronic health conditions for your
child as well as any other special instructions.

Emergency Contact & Authorized Pick-Up

*The following people will be contacted in the order listed below and are authorized to
pick up my child.*

Name: _____ Relationship to Child: _____ Address:
_____ Phone #: _____ Do you give permis-
sion for child to be released to this person? Yes _____ No _____ Name:

_____ Relationship to Child: _____ Address:
_____ Phone #: _____ Do you give per-
mission for child to be released to this person? Yes _____ No _____

Parent Signature: _____ Date: _____

Photo Consent & Release Form

I _____, the undersigned, consent to the use of my or my child's likeness (photographic, non-photographic, or otherwise), actions and appearance by the Ridge Club in connection with any publication, program or in any and all media, including the Ridge Club website, authorized by made or published by the Ridge Club, and to the advertising and publicity in any and all media now known or hereafter devised. The result and proceeds of my services in connection with the photographs, tapes, films and drawings shall be and remain solely the property of the Ridge Club. I hereby release all rights or claims in law or equity for any injuries, loss, or damage, which I may have now or in the future against the Ridge Club, and any other person or entity connected with these media products. I hereby acknowledge that I have read and fully understood and accepted the foregoing by signing this consent and release form on _____

Child's Name: _____

Address: _____ Phone Number: _____

For Ridge Club internal use only If the foregoing is a minor, at least one parent/guardian must sign the following: I have read and understood and agreed with the provisions of the foregoing release and give my consent for my afore mentioned minor child or ward to be photographed, taped, filmed, or drawn in connection with the Ridge Club for the use set forth in the foregoing release and consent.

I do not give my child, _____, permission to have pictures taken.

Parent Signature: _____ Date: _____