

Pump it Up of Frederick
Drop Off Program Consent Form

Child's Name: _____ Date of Birth: _____

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Address: _____

Email Address: _____

Who is to be contacted **FRIST** in an emergency? _____

Phone: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Name of Person(s) Authorized to Pick Up Child (Other than guardians listed above):

_____ Phone: _____

_____ Phone: _____

MEDICATIONS

Does your child have **ANY** allergies? NO YES, _____

Does your child have **ANY** special medical conditions that the staff needs to be aware of? YES NO

If yes, please explain here, AND notify the instructor:

PIU will not be responsible for administering medications to the participant. If your student will be self-medicating, you are responsible for ensuring that he/she is fully capable of following the prescribed directions. PIU does not supervise self-medication.

PARENTAL CONSENT AGREEMENT

DISRUPTIVE AND INAPPROPRIATE BEHAVIOR WILL NOT BE TOLERATED AND WILL RESULT IN DISMISSAL.

WAIVER OF RESPONSIBILITY

I/We understand and voluntarily assume all risks inherent in the nature of this activity and I/we waive and release all claims, costs, liabilities, expenses and judgement against Pump It Up of Frederick and release Pump It Up of Frederick and its representatives arising out of my child's participation in the activity. Pump It Up of Frederick is not responsible for personal items brought or left. Pump It Up is not responsible for lost, broken, or missing items.

WAIVER OF PHOTO RELEASE

I do hereby grant permission to Pump It Up of Frederick to photograph and to publish the photographs of me and/or my child in the Pump It Up of Frederick website and any form of social media business. I hereby waive all rights of privacy and/or compensation for me or my child, which I or he/she, may have in connection with said websites, still photography, or film and any use to which the same or any material therein may be put, applied or adapted by Pump It Up in connection with the promotion of Pump It Up's business. I, for myself and my child and our respective heirs, administrators, successors and assigns hereby release Pump It Up from and against any and all claims, liabilities or damages arising out of, or in connection with, the use of my, or my child's photograph or likeness, or any or all of them, by Pump It Up of Frederick for its business promotion activities.

In emergencies requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature authorizes the responsible person at Pump It Up to have your child transported to that hospital.

I CERTIFY THAT THE INFORMATION PRESETED HERE IS CORRECT TO THE BEST OF MY KNOWLEDGE

Signature of Parent: _____

Date: _____

CAMP RULES

Please read these to your children!!!

- Never leave the room without telling an adult
- Play nicely with ALL kids and do not exclude anyone
- Ask an adult before getting anything from camp cart
- Keep hands and feet to yourself
- Share toys with others
- Keep socks on while playing
- Take turns on the inflatables
- Do not go behind any inflatables
- Do not sit in the entrances or exits of the inflatables
- NO CLIMBING OVER WALLS
- No wrestling or fighting of any kind
- Wash hands before eating
- Throw all trash away
- Never share food
- Have fun!!

Consequences of Rule-Breaking

1st Time: Warning

2nd Time: Sit out for 5 minutes and note to parents

3rd Time: Call to parents and dismissal from camp

Parent Signature _____ Date _____

WE ARE NOT RESPONSIBLE FOR ANY PHONES OR ELECTRONIC DEVICES!!!!

PLEASE DO NOT BRING IN ANY GLASS CONTAINERS!!!