



1135 South Main Street  
Suite 215 #1115  
Bowling Green, OH 43402  
Phone Number 419-360-5314

**SUMMER CAMP REGISTRATION AND WAIVER FORMS 2024**

**Camp Session: July 8th-12th, 10:00am-2:00pm**

**Student's Name:**

\_\_\_\_\_

**Last** **First** **MI**

**Date of Birth** \_\_\_\_\_

**Entering Grade Level in Fall 2024** \_\_\_\_\_

**Student's T-shirt Size** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Home Address:**

\_\_\_\_\_

**Street** **City** **State** **Zip Code**

## EMERGENCY MEDICAL INFORMATION

**Primary Emergency Contact Name:**

\_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Secondary Emergency Contact Name:**

\_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Name(s) of any person(s)-other than parents/guardian to whom the student may be released:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Is there someone who should, by court order, NOT be allowed to pick up this student?**

**Name:** \_\_\_\_\_

**Description:** \_\_\_\_\_  
\_\_\_\_\_

**Preferred Hospital for Emergency Treatment:**

\_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

**Student's Specific Medical Information:**

**Allergies** \_\_\_\_\_

**Medications** \_\_\_\_\_ **Frequency** \_\_\_\_\_

**In case of serious illness or injury and if parent/guardian cannot be reached, will you allow your child to be transported to the doctor or hospital by a Member of SELF-ESTEAM or medical personnel? Yes \_\_\_\_\_ No \_\_\_\_\_**

## **PARTICIPATION AGREEMENT**

**By signing or electronically signing this Participation Agreement, I agree to the following:**

- 1. I (and/or my minor child/children) volunteer willingly to participate in the 2024 STEAM Summer Camp at Winterfield Venture Academy..**
- 2. I (and/or my minor child/children) will only participate in activities that safely meet skill and ability levels.**
- 3. I understand that SELF-ESTEAM does not provide health insurance for me (and/or my child/children).**
- 4. I understand that a staff member/College representative will attempt to contact the parent, guardian, or emergency contact listed on the Parent/Guardian Emergency Contact Form in case of illness or injury. I authorize these representatives to contact paramedics and/or take me/my child to a hospital and be given treatment by paramedics and hospital staff as necessary.**
- 5. I understand that I (and/or my minor child/children) will bear all financial responsibility for any medical treatment arising from participation in SELF-ESTEAM's Summer Camp.**
- 6. I understand that SELF-ESTEAM reserves the right to require that I (or my child/children) withdraw at any time when in their sole judgment, it is not physically safe to continue participating.**
- 7. I (and/or my minor child/children) are in good health and will inform the Camp Director(s) or Camp Health Director of any health issues that may be of concern during the camp.**
- 8. I (and/or my minor child/children) have obtained all required immunizations set forth by the Ohio Department of Education before attending this camp.**
- 9. I (and/or my minor child/children) will abide by the Safety Rules and Laboratory Regulations.**

### **GUESTS CODE OF CONDUCT:**

**Camp participants of SELF-ESTEAM and their guests are expected to maintain standards that uphold the Mission and the standards and regulations of SELF-ESTEAM and Winterfield, whether expressly stated or implied. The obstruction or disruption of the Mission will not be tolerated. All STEAM camp attendees are held to these standards and are expected to exhibit integrity in their personal behavior while on campus. Failure to do so may result in disciplinary action which may involve contacting the parents or guardians or suspension or expulsion from the camp. The Camp will enforce a "Three Strikes and You're Out" policy. Camp participants who violate a camp policy (such as, but not limited to, failing to adhere to safety regulations) will be given two warnings. The third time a camp policy is violated the Camper's parent/guardian will be contacted and the Camper will be sent home. Serious violations of SELF-ESTEAM policies will NOT be tolerated. This includes, but is not limited to, the use of alcoholic beverages, tobacco products, the use of e-cigarettes or vaping, the misuse of drugs, and certain behaviors relating to harassment. By electronically signing below, I agree to the above conditions during my participation.**

## **IMAGE/VOICE PERMISSION:**

**Photographs or video/audio recordings may be taken of you and/or your child/children during this camp. Unless you request otherwise, this Participation Agreement will be considered permission for SELF-ESTEAM to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child/children for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to using your image or voice or your child's/children's image or voice in this manner, please notify the Camp Director(s), in writing, upon submission of this Agreement.**

## **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFICATION**

- 1. I understand that there are inherent dangers associated with this camp. These dangers include but are not limited to burns, cuts, loss of eyesight, personal injury, or even death. I assume full responsibility for any risk of loss, property damage, or personal injury that may be sustained by me or my child/children, or any loss or damage to property owned by me or my child/children as a result of participation in the 2024 STEAM Summer Camp.**
- 2. I hereby RELEASE FROM LIABILITY, WAIVE, DISCHARGE AND COVENANT NOT TO SUE SELF-ESTEAM, and any of the officers, volunteers, agents and employees of the above-mentioned entities (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of participation in the specified activities.**
- 3. I also ASSUME THE RISKS of my participation and my child's/children's participation in the specified activities and agree to not hold the RELEASEES responsible for any loss, damage or injury, including death that occurs as a result of participation in the specified activities.**
- 4. I further agree to INDEMNIFY AND HOLD HARMLESS the RELEASEES whether injury is caused by my or my child's/children's negligence, the negligence of the RELEASEES or the negligence of any third party.**
- 5. I further agree that this PARTICIPATION AGREEMENT shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this PARTICIPATION AGREEMENT shall be construed in accordance with the laws of the State of Ohio.**
- 6. By electronically signing this PARTICIPATION AGREEMENT, I state that I have read, understand, and agree to the conditions set forth herein and that I sign this form freely and voluntarily.**

**Parent/Guardian Signature**

**By typing or signing my name below, I understand that this constitutes a legal signature confirming that I acknowledge and agree to the above terms of the Participation Agreement. I agree that my electronic signature is the legal equivalent of my manual signature on this form. Signature of this form serves as parental permission for any minor child (under age 18) who will participate.**

---

**Parent/Guardian Signature**

---

**Date**

---

**Student Signature (if 18 years old)**

\*Please submit this Registration Form with Camp Fee of \$200.00 right away to secure a spot for your child. Registration Forms can be dropped off at **Winterfield Venture Academy 305 Wenz Rd Toledo, Ohio 43615**. *Spots are limited.*

\*Please make checks or money orders payable to: SELF-ESTEAM

\*All fees are non-refundable.