

Coach Polsters Camps 2022

Camper Information

Child 1

First _____ Last _____

Gender: Male ___ Female ___

School Name _____ Grade _____ DOB ___/___/___

Child 2

First _____ Last _____

Gender: Male ___ Female ___

School Name _____ Grade _____ DOB ___/___/___

Child 3

First _____ Last _____

Gender: Male ___ Female ___

School Name _____ Grade _____ DOB ___/___/___

If your child has an allergy or medical condition please fill out the Emergency Medical Form available on the website or at camp at the time of drop off.

Family Information

First _____ Last _____

Street Address _____

City _____ State ___ Zip code _____ Home Phone _____ Cell phone _____

E-mail _____

Emergency Contacts/ Authorized Pick up

	Name	Phone Number	Relationship to Child
Contact 1			
Contact 2			
Contact 3			

Liability Release

For and in consideration of the above child being allowed to participate in Coach Polster's Camps, and other valuable consideration, the undersigned parent, guardian, or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs and next of kin, do hereby release and hold harmless the Diocese of St. Augustine, Felipe J. Estevez, as Bishop of St. Augustine, a corporation sole, Bishop Felipe J. Estevez, individually, Coach Polster's Sports Camps and the above named diocesan entity, all organizers of this program, all volunteers, chaperones, employees and agents of the said parties, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property of the child, or death, caused by negligence or otherwise, while the said child is engaged in the above program, any activities of the program, and while being transported to and from the program. The undersigned agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned parent, guardian or legal representative, further acknowledges that he / she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

I further authorize any representative of this program to obtain medical treatment for my child in the unlikely event of an injury or illness during this program and I agree to pay any expenses incurred for such treatment
I will allow my child's photo to be used for marketing of Camps
It is the mutual understanding between Coach Polster's Camps, Assumption Catholic School and parents, that registered children will attend camps on campus. Coach Polster's Camps will utilize guidance from American Camp Association and the State of Florida to provide as safe an environment as possible. **Do keep in mind however, that managing risks doesn't completely eliminate the risk of transmission. There's no such thing as zero risk**, but measures can be taken to mitigate the chances of the spread on school grounds. Furthermore, parents are also responsible for taking measures to mitigate the risk that their child(ren) may present to their own health or the health of others when on school grounds.

I agree to monitor my child's health each day and keep my child home if he/she has a fever at or above 100.4 degrees, cough, fatigue, and/or other physical symptoms that require observation, health isolation, or medical treatment.

I agree to be truthful when filling out the check in forms each morning.

I understand that if my child is sent home, he or she and any siblings must be symptom-free and fever-free without medication for a period of 48 hours before returning to camp.

I understand that I must have a physician's release in order for my child to return to camp after such illness.

I understand that these are risk-management measures and that Coach Polster's Camps cannot guarantee safety for all students or prevent them from contracting any illness. While they are utilizing mitigation efforts I understand that the activities of camp include a variety of traditional sports, games, activities, and events that will make it impossible to consistently implement any social distancing of 6 feet or less that may be recommended by any known government authorities. Camp is a place where campers, counselors, and staff are often in contact and near each other every day this includes but not limited to: working in a classroom playing sports like basketball, tennis baseball, and volleyball where the sports ball is touched by many participants, and other activities.

I understand that if my child stays for aftercare their cohort may mix with other cohorts.

I have read and understand the refund policies.

I understand that by voluntarily registering my child for summer camp, that I am assuming all risks associated with camp.

I, Parent, have read and understand the Camp activities and risk of exposure to the Coronavirus. I acknowledge and assume the risks and dangers described above with my child being enrolled at Camp. I have discussed the activities and risks with my child, who understands them and wishes to participate in the activities of the Camp community.

AGREEMENTS OF RELEASE AND INDEMNITY: I, PARENT, FOR MYSELF AND, TO THE EXTENT ALLOWED BY LAW, ON BEHALF OF MY CHILD, AGREE TO RELEASE AND DISCHARGE (AGREEING TO MAKE NO CLAIM, AND NOT TO SUE) COACH POLSTER'S CAMPS, AND THEIR RESPECTIVE OWNERS, MEMBERS, DIRECTORS, OFFICERS, EMPLOYEES, CONTRACTORS AND VOLUNTEERS (INDIVIDUALLY AND COLLECTIVELY REFERRED TO AS "RELEASED PARTIES") WITH RESPECT TO ANY AND ALL CLAIMS RELATED TO CONTRACTING THE CORONAVIRUS AND ANY LOSS, BODILY INJURY, OR DAMAGES ASSOCIATED FROM IT WHICH I OR MY CHILD MAY SUFFER, ARISING OUT OF OR IN ANY WAY RELATED TO HER BEING ENROLLED IN THE CAMP, AND ON OR OFF THE CAMP PREMISES. I FURTHER AGREE TO INDEMNIFY (THAT IS DEFEND AND PAY, INCLUDING COSTS AND ATTORNEYS FEES) THE RELEASED PARTIES FROM CLAIMS BROUGHT BY OTHER MEMBERS OF MY, OR MY CHILD'S FAMILY, AND CLAIMS BROUGHT BY OTHERS, INCLUDING OTHER CAMPERS, WHO CLAIM A LOSS CAUSED BY MY CHILD.

THESE AGREEMENTS OF RELEASE AND INDEMNITY INCLUDE CLAIMS CAUSED OR CLAIMED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, BUT NOT THE GROSS NEGLIGENCE, OF A RELEASED PARTY. I UNDERSTAND THAT IN SIGNING THIS AGREEMENT I, FOR MYSELF AND FOR MY CHILD, TO THE MAXIMUM EXTENT ALLOWED BY LAW, SURRENDER THE RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST A RELEASED PARTY, FOR PERSONAL INJURY AND EVEN DEATH.

Parent's Name _____ Parent's Signature _____ Date _____

Please indicate which weeks your camper or campers will be attending and if it's full day or half day.

	Sports Camp	Enrichment Camp	Before and/or Aftercare
June 6th-10th			
June 13th-17th			
June 20th-24th			
June 27th-July 1st			
July 11th-15th			
July 18th-22nd			
July 25th-29th			
Aug 1st-5th			

Notes:
