

Name of Child

Birthdate

Grade

Gender

Address:

Parent/Guardian Information (Name/Cell/Email)

Emergency Contact Name/Cell

Does your child have any allergies, chronic illness, or medical conditions? If yes, please describe.

The Nova Trails Summer Camp will be five days/week. There will be local field trips several times throughout the summer, with advance notice/location for each. The days each week will include, but not be limited to:

- Water Day
- Sports Day
- Gardening Day
- Art Day
- Theater Day

The cost for Summer Camp is \$225/week before Feb 1 and \$250/week after Feb 1, 9am-3pm. Payment for each week enrolled must be received in full by May 15<sup>th</sup> in order to guarantee the reserved week. If you need to cancel for any reason, 3 weeks notice is required for a full refund.

Before and After Care is available from 8-9am and 3-6pm. The cost for that is \$10/hour per child.

Please select which week you would like to enroll your child in:

June 17

June 24

July 1 (closed July 4)

July 8

July 22

July 29

August 9

**Informed Consent and Acknowledgement** I hereby give my approval for my child's participation in any and all activities prepared by Nova Trails, an Acton Academy, Inc. during the selected camp(s). In exchange for the acceptance of said child's participation in the camp(s) ., I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Nova Trails, an Acton Academy, Inc. and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions. In case of injury to said child, I hereby waive all claims against Nova Trails, an Acton Academy, Inc., including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all camp activities. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

**Medical Release and Authorization** As Parent and/or Guardian of the named child, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to Nova Trails, an Acton Academy, Inc. and its affiliates including Directors, Coaches, and Camp Staff to provide the needed emergency treatment prior to the child's admission to the medical facility. Release authorized on the dates and/or duration of the registered camp sessions. This release is authorized and executed of my own free will, with the sole purpose of authorizing

medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Signature/Date of Parent/Guardian

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