



EAST CHINA TOWNSHIP 2019 SUMMER RECREATION REGISTRATION, FIELD TRIP, PHOTO RELEASE FORM & RULES

Parent, guardian and individual Waiver for Adults and Minors

Undersigned individual, or parent and natural guardian, or legal guardian does hereby represent that he/she is, in fact acting in such capacity and agrees to the extent permitted by law to save and hold harmless and indemnify each and all of the parties listed below from all liability, loss, cost claim or damage so ever which may be imposed upon or incurred by said parties in this regard on behalf of both the individual minor and the parents or legal guardian as well.

Parties: East China Park Commission, its elected or appointed officials, employees, volunteers, representatives and agents.

I hereby give permission to the East China Township Recreation Program to use the photographs made of me and or my minor child or children for promoting, publicizing, and advertising East China Township and its programs, services, parks, and trails. I release East China Township from all claims for financial compensation now and in the future. I understand that these photographs may appear in newsletters, brochures, and/or other publications, and on the East China Township website. I understand that my name and/or minor child or children name(s), age(s), and hometown will not appear in the newsletter and/or East China Township publications without my specific written consent. My name and/or minor child or children's name will not be used on the East China Township website. I certify that I am over 21 years of age or I am the parent or guardian of the minor child registered in the East China Township Recreation Program. I also hereby give my permission to East China Township for my child or children to participate in field trips and to be transported in a bus.

PROGRAM RUNS JUNE 24 – AUGUST 1, 2019. Free for East China residents. Ages 6 – 12 as of 6/1/2019, no exceptions

Non-residents fee - \$20 for the 1st child and \$10 for each additional child with a \$40 maximum per family.

Name of Participant: _____ birthdate: _____ Fee \$ _____

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Name of Participant: _____ birthdate: _____ Fee \$ _____

Parent or Guardian Signature Date

Address Phone & Email

T-SHIRTS. \$10 each. The separate order form must be filled out: Tee Shirt Total: _____

PARK DAYS ARE 9am-noon MONDAYS, TUESDAYS, WEDENS DAYS. FIELD TRIPS ARE HELD ON THURSDAYS.

JUNE 27 MOVIES - Marine City. YOU Drop off at 9:30 am – YOU Pick up at 12:00 pm \$10 per child.

Number Attending: _____ Name(s) _____ Total _____

JULY 11 FLAMES GYMNASTICS. Bus departs at 11:15 / back at 2:15pm **\$10 per child.** *Includes transportation*

Number Attending: _____ Name(s) _____ Total _____

JULY 18 VOYAGER BOWLING. Bus departs at 12:15 /back at 3:00pm **\$12 per child.** *Includes transportation, shoe rental and lunch.*

Number Attending: _____ Name(s) _____ Total _____

JULY 25 SAW MILL CITY. Bus departs at 10:30 am / back at 2:00pm **\$15 per child.** *Lunch provided.*

Number Attending: _____ Name(s) _____ Total _____

AUGUST 1 End of PROGRAM PICNIC. 9:30 am –1:30 pm **FREE !!!!**

Number Attending: _____ Name(s) _____ Total **FREE**

RECEIVED FROM: _____ TOTAL \$ _____



EAST CHINA TOWNSHIP 2019 SUMMER RECREATION REGISTRATION, FIELD TRIP, PHOTO RELEASE FORM & RULES

Rules and Code of Conduct

Youth Name: _____ Age: ____ Birthdate: _____
Parent/Guardian Name: _____
Address: _____ City: _____ State: ____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Guiding Principles

- To ensure that the rights of all individuals are protected while attending the camp
- To establish the safest and best possible environment for all camp participants
- To ensure that breaches of the rules and code of conduct are treated in a fair and consistent manner

Expectations

- All parents and campers have the responsibility to treat one another, staff and property with respect
- All parents and campers have the responsibility to act and behave in a way which does not endanger, intimidate or interfere with the participation of others
- Campers have the responsibility to follow the instructions given by camp staff
- All parents and campers have the responsibility to behave according to this code of conduct

Rules – the following forms of behavior are considered a violation of this document and are unacceptable and could result in the immediate dismissal of camper(s):

- Cigarettes or any tobacco products, alcohol, non-prescribed drugs, weapons and pornographic material **MUST NOT** be brought to camp
- Using language which is threatening, vulgar, offensive, sexist or racist
- Fighting, bullying or any other forms of aggressive behavior
- Leaving camp boundaries without permission
- Behaving in a manner which is potentially dangerous to self and /or others
- Behaving in a manner which damages or vandalizes the property of others or the Charter Township of East China

Any breach of the Rules or the Code of Conduct will initiate a disciplinary action. East China Township Summer Recreation Program reserves the right to suspend or dismiss a camper’s participation in camp activities, without refund of camp tuition, if such disciplinary action is required. Before such a decision is fully made, the camper and parent/guardian will meet with Summer Recreation Director to determine the best course of action.

Agreement

I have read and agree to adhere to the above Rules and Camper Code of Conduct of the Charter Township of East China Summer Recreation Program. My youth and I fully understand the Rules and Code of Conduct as detailed above and I agree to him/her receiving appropriate disciplinary action should he/she breach them:

Parent/Guardian Signature: _____ Date: _____

Youth Signature: _____ Date: _____

**EAST CHINA TOWNSHIP SUMMER RECREATION
CHILD INFORMATION CARD**

Name of Child (Last, First, Initial)	Address
Childs Date of Birth	City State Zip
Childs Age Sex Grade	Home Phone Cell Phone Email
Father or Legal Guardian's Name	Mother or Legal Guardian's Name
Name and relationship of Person to be notified when parent is not available	Name and relationship of Person to be notified when parent is not available
Home Phone Cell Phone Email	Home Phone Cell Phone Email
List all allergies, medical conditions or restrictions we should be aware of	
FIELD TRIPS: I hereby give my permission to East China Township for my child or children to be transported in a bus and participate in field trips.	
Signature of parent or guardian _____	
Signature of parent or guardian _____	
Date signed _____	

EAST CHINA TOWNSHIP SUMMER RECREATION

All participants must treat all others, including the staff, with respect. All participants must listen to and follow directions given to them by staff members. Directions are given to children to keep them happy and safe. Undermining authority will not be tolerated. Participants must keep their hands, feet and other objects to themselves and not intentionally cause or attempt to cause physical or emotional harm to other participants or staff. Participants must treat park equipment, supplies and facilities properly and with care. Participants shall refrain from rude language and conduct. Participants must follow all playground rules and guidelines.

No cell phones or electronics are to be used unless it is an emergency.

Participants shall be **dropped off no earlier than 5 minutes before the program begins and must be signed in** at the desk each morning. **East China Township does not and will not assume responsibility for children that arrive before the start time. Children must be picked up by the end of the program or field trip each day. If you do not pick up your children when the program ends THE FOLLOWING LATE POLICY WILL BE IN EFFECT:**

FIRST 5 MINUTES AFTER THE PROGRAM ENDS: GRACE PERIOD – EACH 5 MINUTES THEREAFTER: \$5.00 PER CHILD

I _____ parent/guardian of _____
have read and understand the above rules. **I assume the responsibility for ensuring that my child is aware of these rules and understands the consequences if he or she does not behave appropriately. After the THIRD WARNING your child will be asked to leave the program.**

PARENTS SIGNATURE _____ **DATE** _____

PARTICIPANTS SIGNATURE _____ **DATE** _____

WARNINGS

1. _____ **DATE** _____

2. _____ **DATE** _____

3. _____ **DATE** _____

EAST CHINA SUMMER RECREATION 2019 T-SHIRT ORDER FORM

Your Name: _____

Phone: _____

Email: _____

Youth Sizes XS (2-4) S (6-8) M (10-12) L (14-16)
Adult Sizes S M L XL

Childs Name	Size	Total 10.00
GRAND TOTAL		

Add \$1.00 per size after the size X Large

Make Checks payable to East China Township

ALL AMERICAN FLAMES GYMNASTIX, LLC – REGISTRATION FORM

Return by Fax 810-984-3961, Mail 2915 Lapeer Rd. Port Huron, MI 48060 or deliver to All American Flames Gymnastix before class participation begins

PARENT / GUARDIAN BILLING INFORMATION



PLEASE PRINT CLEARLY

FIRST NAME _____ LAST NAME _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____ WORK _____

EMERGENCY CONTACT (IF PARENT IS UNAVAILABLE) _____ PHONE _____

HOW DID YOU HEAR ABOUT US? _____

**Registration Is Not Complete Without Full Payment.
No class participation without full payment.
Classes are filled on a 1st come 1st serve basis.**

STUDENT INFORMATION



PLEASE COMPLETE ALL FIELDS CLEARLY

STUDENT NAME _____ BIRTHDAY _____ CLASS _____ DAY _____ TIME _____

SPECIAL MEDICAL RESTRICTIONS/ALLERGIES _____

STUDENT NAME _____ BIRTHDAY _____ CLASS _____ DAY _____ TIME _____

SPECIAL MEDICAL RESTRICTIONS/ALLERGIES _____

STUDENT NAME _____ BIRTHDAY _____ CLASS _____ DAY _____ TIME _____

SPECIAL MEDICAL RESTRICTIONS/ALLERGIES _____

WAIVERS



ASSUMPTION OF RISKS/WAIVER OF LIABILITY: As the legal guardian of the above mentioned person(s), I am fully aware of the potential dangers, including permanent paralysis or death, which can occur in any sport or activity involving height or motion. I am fully aware that these "height or motion" activities are inherent to the programs of All American Flames Gymnastix, LLC, and I voluntarily ACCEPT ALL RISKS and give my consent for my child(ren) to participate. I further recognize that the above mentioned person(s) is/are qualified, in good health, and in proper physical condition to participate in any and all programs offered by All American Flames Gymnastix, LLC. These programs include, but are not limited to, gymnastics, tumbling, trampolines, inflatables and cheerleading. In consideration for allowing my child to participate in the above mentioned programs/activities, I, on the behalf of myself, my child(ren), our respective heirs, administrators, executors, and successors, hereby RELEASE, DISCHARGE, COVENANT NOT TO SUE and AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS All American Flames Gymnastix, LLC, its owners, officers, directors, employees or other representatives, whether paid or volunteer, from all liability, claims, demands, losses or damages suffered by my child(ren) while under the care, instruction or supervision of All American Flames Gymnastix, LLC. I am fully aware that it is my responsibility to warn the above mentioned person(s) of the potential dangers inherent to the programs offered by All American Flames Gymnastix, LLC, and will do so according to my level of concern. If, at any time, I believe activity conditions are unsafe, I will immediately instruct my child(ren) to discontinue participation in the activity.

PERMISSION TO TREAT: I acknowledge that All American Flames Gymnastix, LLC, staff members are not physicians or medical practitioners. I grant permission to All American Flames Gymnastix, LLC, staff members to provide temporary first aid in the event of injury or illness, and if deemed necessary to seek medical help including calling of an ambulance for the above mentioned person(s). I acknowledge that the above mentioned person(s) are in good health and have adequate medical insurance coverage while enrolled at All American Flames Gymnastix, LLC. I agree to provide for all medical expenses incurred by my child as a result of any injury sustained during participation at All American Flames Gymnastix, LLC.

PERMISSION TO USE PHOTOS: I grant permission to All American Flames Gymnastix, LLC, to use photographs and videos of my child for use in print or broadcast media as deemed appropriate for the promotion of All American Flames Gymnastix, LLC.

SIGNATURE _____ DATE _____

PRINT NAME _____

ALL AMERICAN FLAMES GYMNASTIX, LLC – ADULT WAIVER FORM

Return by Fax 810-984-3961, Mail 2915 Lapeer Rd. Port Huron, MI 48060 or deliver to All American Flames Gymnastix before class participation begins

ADULT WAIVERS



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT: In consideration of participating in the All American Flames Gymnastix, LLC, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue All American Flames Gymnastix, LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescuer operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

SIGNATURE _____ **DATE** _____

PRINT NAME _____