



Tiny Tots Camp Registration Form

Tiny Tots Camp ages 4-6. Children must be 4 by June 1, 2019.

Please check week(s) you will be attending. (Limit 2 weeks)

Drop off at Armory: 8:30a.m. Pick Up at Armory: 11:30a.m.

| | | | | | |
|-----------------|--|------------------|--|--|--|
| June 3- June 7 | | June 17- June 21 | | July 1,2,3, NO CAMP JULY 4 (\$40 resident- \$50 Non-resident) | |
| June 10-June 14 | | June 24-June 28 | | I am interested in additional weeks if space is available. | |

Please make checks payable to Ft. Thomas Recreation Dept. 950 S. Ft. Thomas Ave. Ft. Thomas, KY 41075

*Checks will be deposited immediately, NO REFUNDS AFTER **MAY 31, 2019**.

Resident Fee: \$50.00 Non-Resident Fee: \$55.00

| | | | |
|-------------------------------|----|---------------------------|----|
| Child's Name: | | Child's Age: | |
| Address: | | | |
| Email: | | | |
| Guardian Name: | | Primary Phone: | |
| Emergency Contact Name: | | Emergency Contact Number: | |
| Allergies: | | | |
| Special Instructions: | | | |
| My child may be picked up by: | 1. | 2. | 3. |

Registration form and payment must be received within 5 days of phone registration.

I, the undersigned, understand and acknowledge that participation in a recreational activity can be hazardous and I realize that no one should enter into a recreation activity unless the participant is medically able. I/We assume all risk associated with this activity including, but not limited to: falls, contact with other participants or equipment, effects of weather, equipment failure, and condition of playing area. I fully understand that it is my responsibility to ascertain if this specific activity contains other elements of risk that could prove to be harmful to a participant.

Having read this waiver and in consideration of acceptance of entry into the program, I and anyone entitled to act on my behalf waive and release the City of Fort Thomas, Ft. Thomas Recreation Department, its co-sponsors, their representatives and successors from all and against any and all claims, suits, or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my child arising out of, in connection with, or in any way associated with the activities of this program.

Print: _____ Signature: _____ Date: _____

PHOTO RELEASE: I give my permission to the Ft. Thomas Recreation Department to take my child's picture to use on any and all future advertising for the Department's programs. I also hereby consent to the use of my child's photograph or cinematic image without compensation.

Print: _____ Signature _____ Date _____