

**KOOP Saturday Club Registration Form**

Email this form to koopadventureplayground@gmail.com

or mail with check to 807 S. Fair St. Champaign, IL 61821. (Checks made payable to KOOP.

Note: You will not be fully registered until both the form and the payment have been received. Payments are non- refundable.)

Saturday Club will meet the 2nd Saturday of each month from October to May, 9am-12pm at University Primary School unless another location is chosen by the participants. Specific details about the Saturday Club will be mailed one week prior to each Meeting. And additional information/ideas/content will be shared following each meeting.

Saturday Club is run co-op style, meaning parent involvement is crucial and required. Expect to contribute up to 5 volunteer hours per child enrolled. Please mark the month you’d like to be scheduled. There are also opportunities to volunteer behind the scenes.

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| --- | --- | --- | --- |
| October 14 | November 11 | December 9 | January 13 |
| February 10 | March 10 | April 14 | May 12 |

**Participant Information:**

Participant’s First/Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name/Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

People authorized to pick up your camper other than parent or emergency contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did you attend previous KOOP Camps or Events? Yes No

Allergies & Instructions for handling allergies if needed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Special needs, interests or things we should know about participant? Anything they’d love to work on in Club? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Photo Waiver Release Form**

I hereby give KOOP- Kid Owned & Operated Play permission to use photo images of the listed participant for the purpose of promoting KOOP- Kid Owned & Operated Play’s programs in publication and on the web. I agree that the images become the exclusive property of KOOP- Kid Owned & Operated Play and waive all rights thereto. *For privacy and protection, no names of children will be used on the web.*

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Participants Name (print) Parent/ Guardian Signature Date

**Program Waiver and Release Form**

**Important Information**

KOOP- Kid Owned & Operated Play is committed to conducting its recreation programs and activities in a safe manner and hold the safety of participants in high regard. KOOP- Kid Owned & Operated Play strives for safety while allowing child directed play. However, parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational programs/activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement.

**Warning of Risk**

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful preparation and instruction, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks are inherent. It is impossible for KOOP- Kid Owned & Operated Play to guarantee absolute safety.

**Waiver and Release of All Claims and Assumption of Risk**

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in this program/activity against KOOP- Kid Owned Operated Play, including its volunteers and employees.

I authorize KOOP- Kid Owned & Operated Play staff to take whatever emergency medical measures are deemed necessary for my child while she/he is in their care. I understand that this authorization includes calling the listed physician, implementing his/her instructions and transporting my child by ambulance to a hospital or clinic if I am unable to be reached promptly or timely in the opinion of KOOP. I understand that I must pay any and all expenses incurred in such visits.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

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Participant’s Name (please print) Parent/ Guardian Signature Date

**Participation will be denied if the signature of a parent/guardian and date are not on this program waiver and release form.**