

# Carol Leone Summer Day Camp 2018

## Permission Form

My child (one per child) has my permission to participate in the following activities. I understand that the scheduled weeks are subject to change, and that my permission extends to any of these activities any week my child is at camp. I understand that tennis shoes and socks must be worn to camp each day.

**Please check each separate field trip:**

- Paradise Island Bowl (June 13)
- Living Treasures Animal Park (June 20)
- Carnegie Science Center (June 27)
- The Pittsburgh Aviary (July 11)
- Laser Tag (July 18)
- Natural History Museum (July 25)
- Wyngate Swim Club (August 1)
- Fun Fore All (August 8)
- Pittsburgh Children's Museum (August 15)
- Park Picnic (August 22)

I give my permission for (full signature required for each item):

My child to take trips and walks under supervision of qualified staff. \_\_\_\_\_

My child to participate in the Center's swimming and/or wading program under the supervision of qualified staff. \_\_\_\_\_

The administration of minor first-aid procedures by qualified staff. \_\_\_\_\_

The administration of non-prescription medications. \_\_\_\_\_

I further give my consent to all emergency medical or dental procedures which would be necessary to preserve my child's life or prevent permanent impairment of my child's health. \_\_\_\_\_

I agree to abide by the policies and procedures of Carol Leone, Inc. \_\_\_\_\_

Please describe any disability, special needs or medical / dietary restrictions for your child(ren)  
\_\_\_\_\_  
\_\_\_\_\_

A copy of the IEP or medical instruments must be included with this form!

\_\_\_\_\_

Date of Enrollment

Date

**ASSUMPTION OF RISK:** Participation in camp activities, dance, and gymnastics could involve motion, rotation and height in a unique environment and as such carries with it a reasonable assumption of risk. **WARNING:** Injury can result from improper conduct of the activity. 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 Pittsburgh Gym Partners LLC (owner of Carol Leone Dance, Gymnastics & Child Care), its respective administrators, directors, agents, officers, volunteers, employees, other participants, 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 in whole or in part by the negligence of the “releases” or otherwise, including negligent rescue 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 Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.

**AGREEMENT:** I agree to pay Carol Leone’s Dance, Gymnastics and Childcare the weekly rate indicated on the camp brochure. I understand that field trip fees are extra, and **that children who do not go on the field trip may not attend camp that day** (all the staff goes on the trip). There will be no credit for missed days or early pickups. Medical care, if required, will be paid for by the parents.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Printed Name\_\_\_\_\_