

green lane

SUMMER CAMP

REGISTRATION FORM

2019

SUMMER CAMP FEES:

First Family Member:	1 WEEK- \$150	2 WEEKS- \$250	3 WEEKS- \$350	1 DAY- \$60
Additional Siblings:	1 WEEK- \$100	2 WEEKS- \$175	3 WEEKS- \$250	1 DAY- \$60

PLEASE CIRCLE THE DATES YOU WILL BE ATTENDING:

Week 1: June 18th, 20th, 21st

Week 3: July 23rd, 25th, 26th

Week 2: June 25th, 27th, 28th

Week 4: July 30th, Aug 1st, 2nd

CAMPER'S NAME

AGE

SHIRT SIZE

_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENT/GUARDIAN INFORMATION

name

cell phone number

email address

address

street

city

state

zip code

Please mail completed registration and deposit to: CB Enterprises Inc., PO Box 951, Exton PA 19341

A \$50 deposit per camper is due at the time of registration. Please make checks payable to CB Enterprises Inc.

AMOUNT PAID: _____ PAYMENT TYPE: _____ CHECK #: _____

Green Lane Camp Release Form

Parent's Medical Authorization & Consent – Indemnity Agreement

I hereby register the child named below in the Green Lane watersports/CB Enterprises Camp. I hereby release Green Lane Watersports/CB Enterprises, its Directors, Employees and Instructors, from any and all liability for any damages or injuries sustained by the child in my custody for whom I sign while participating on the premises of the Green Lane Watersports/CB Enterprises Camp or while using its facilities or equipment at any place. I further agree to indemnify Green Lane Watersports/CB Enterprises against any and all liability arising from any claim made by any person whose name appears below, including myself, arising from any damages or injuries sustained while in the Green Lane Watersports/CB Enterprises Camp or while on the premises of the Green Lane Watersports/CB Enterprises or while using its facilities or equipment at any place. The consideration for the granting of this release and undertaking to indemnify Green Lane Watersports/CB Enterprises is the undertaking of Green Lane Watersports/CB Enterprises to permit my child whose name appears below, and myself to enter upon the premises of the Green Lane Watersports/CB Enterprises Camp or while using its facilities or equipment at any place and or receive instruction in sailing. I also agree that my child will wear a Coast Guard Approved Life Jacket at all times while on or in the water.

Authorization and Consent:

I, the undersigned parent or guardian of _____, a minor, do hereby consent to any emergency medical care or hospital treatment which is deemed advisable by and is rendered under the general supervision of any physician and surgeon licensed under the provision of the Medical Practice Act. It is understood that this authorization is given in advance of any treatment or hospital care being required, but is given to provide authority and power to give the specific consent to any and all such treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable, and neither said agent or any organization involved assumes any financial responsibility for exercising this action. The authorization and consent will be used only if the parent or guardian cannot be reached.

Child in my custody for whom I sign:

Child Name: _____ Age: _____

Parent /Guardian Name: _____

Signature: _____ Date: _____

Photo Release:

I give permission and consent for _____ to allow photographs to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by Green Lane Watersports/CB Enterprises Camp and its agents, to illustrate and promote the camp experience, Green Lane Watersports/CB Enterprises Camp and its camp programs.

Signed (parent or guardian): _____