BRiCk
BURLESON RECREATION CENTER

BRiCk Summer Fun Camp Information Form

Please circle the dates you are signing up your child:

Week 1(6/6 – 6/10) Week 2 (6/13 – 6/17) Week 3 (6/20 – 6/24) Week 4 (6/27 – 7/1) Week 5 (7/5 – 7/8: **No Camp 7/4**)

Week 6 (7/11 – 7/15) Week 7 (7/18 – 7/22) Week 8 (7/25 – 7/29) Week 9 (8/1 – 8/5) Week 10 (8/8 – 8/12) Week 11 (8/15 – 8/19)

Child's Name	Gender	Age	Birth Date (MM/DD/YY)	Nickname

Child's Shirt Size (Please circle size that applies) Date Received:

Youth: Small Medium Large *Adult:* Small Medium Large

Child's Home Address (Street, City, Zip)	Best Contact Telephone

Brief physical description of child (hair color, eye color, height, weight, distinguishing marks)

Parent's / Guardian's Information

Mother or Legal Guardian's Name	Email Address
Home Address (if different) (Street, City, Zip)	Home Telephone (if different)
Cell Phone	Work Phone
Father or Legal Guardian's Name	Email Address
Home Address (if different) (Street, City, Zip)	Home Telephone (if different)
Cell Phone	Work Phone

Emergency Contact Information

Contact Name	Relationship to Child	Address (Street, City, Zip)	Telephone
Contact Name	Relationship to Child	Address (Street, City, Zip)	Telephone

Child Release List

Identify additional authorized individuals who have permission to pick up your child from camp other than the guardians and emergency contact:

All individuals picking up a Child up from the must present a current form of photo of ID or BRiCk membership card.

Child's Health History

Please list and describe any allergies, medication, physical conditions, disability, dietary modification, or social behavior issues the BRiCk should be aware of, including chronic health problems (if none please note N/A):

Parent / Guardian's Assessment of Child's Swimming Ability	
	My child(ren) is afraid of the water
	Beginner - my child(ren) needs assistance to float, and does not jump into the pool, somewhat apprehensive of the water.
	Intermediate – my child(ren) can hold breath underwater, float unassisted, and swim short distances.
	Advanced – my child(ren) can swim lengths of the pool unassisted and can swim underwater for multiple body length.
	My child(ren) has had a traumatic experience in the water.
Any additional information you would like to provide:	

Release of Liability and Assumption of Risk Statement

I, on behalf of myself and/or the individual(s) being registered, agree to allow the registrant to participate in activities directly or indirectly operated, offered, conducted and/or otherwise provided by the City of Burleson (the "City") including, but not limited to, memberships, passes, admissions, classes, programs, special events and/or any other type of activity (hereinafter individually and collectively referred to as the "Activities") and hereby authorize the City, its employees, volunteers, program directors and/or instructors, as duly authorized agent(s) for the registrant, to consent of medical, emergency, surgical and/or dental care, services, examinations and/or any and all other treatments deemed necessary by such professionals and arising out of and/or in conjunction with, directly or indirectly, the Activities. I agree pictures taken of me and/or the registrant during the Activities may be used for any purpose.

For and in consideration for my/our participation in the Activities, I hereby agree to release, acquit, hold harmless forever discharge and waive any and all claims that I/we may have against the City of Burleson, its Council Members, officers, agents, representatives, employees, volunteers, program directors, instructors, members, heirs, legatees, administrators, executors and assigns, in whole or in part, in both their private and public capacities, (hereinafter collectively referred to as "Releasees") from any and all actions, causes of actions, claims, demands, damages, lawsuits, costs, loss of services, expenses and compensation, whether known or unknown, on account of, or in anyway arising out of or connected in any manner with my/our participation in the Activities, including, but not limited to, liability, damages, injury (including death), property damage, legal fees and/or costs caused by or related to any negligent or intentional act of any Releasee.

It is further agreed that the execution of this release and acceptance of the same shall not constitute a waiver by the City of Burleson, Texas, and its Releasees, of its/their governmental immunity and/or any other defense it may have at law and/or equity, whether state and/or federal. Acceptance of this release is not to be construed as an admission of any liability whatsoever by any or all of the Releasees.

I further agree to indemnify and defend the Releasees if I am not authorized to sign and legally bind the registrant to the terms of this release or if the person named herein attempts to rescind this release. If any term of the release is deemed void or voidable, it shall not affect the enforceability of anything else in the release. **This Release of Liability Form will be valid and in force and effect for all purposes stated herein for 12 months from the date of execution.**

Participant/Parent/Legal Guardian Signature	Relationship to Participant	Date

I grant any pictures taken of me and/or my child at the community center to be used for publicity and promotional purposes.

Yes ☐ **No** ☐ **Participant/Parent/Legal Guardian Signature** _____