

**Seapointe Village Realty, LLC - Kid's Central Activity Program  
REGISTRATION, MEDICAL INFORMATION AND RELEASE FORM**

Child's Name \_\_\_\_\_ (the "Registrant") Date of Birth \_\_\_\_\_ Gender   M     F  

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Dates of Kid's Central participation** \_\_\_\_\_

**Contact Information**

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In an emergency when parents cannot be reached, please contact:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Medical Information**

Allergies \_\_\_\_\_

Other medical conditions \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Primary Medical Insurance Company \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**PARENT'S/GUARDIAN'S APPROVAL AND MEDICAL RELEASE**

Recognizing the possibility and risk of illness and physical injury inherent in any summer camp program, and in consideration for Seapointe Village Realty, L.L.C. accepting the Registrant for its summer camp programs and activities (the "Programs"), the undersigned, being such individual's Parent(s) or Guardian(s) and being of lawful age and sound mind, do/does, on behalf of the Registrant, on my/our own behalf and that of any spouse, and on behalf of my/our heir(s), executors and personal administrators, hereby release, discharge and/or otherwise indemnify Seapointe Village Realty, L.L.C., its employees and associated personnel, agents, officers, directors and affiliates, including the owner of facilities utilized for the Programs, against any claim, action, cause of action, demand, right, damage, cost, expense, of any kind whatsoever for personal injury (including death) and/or property damage, known or unknown, which may result from the Registrant's participation in the Programs, being transported to or from the same, which transportation I hereby authorize, or from any actions taken by Seapointe Village Realty, L.L.C. and its staff pursuant to the appointment below.

I hereby appoint and authorize Seapointe Village Realty, L.L.C. and its designated staff as my representatives to obtain and consent to any and all medical/dental attention and hospital care and treatment for the health and well-being of the Registrant who is enrolled in the Programs and agree to be responsible financially for the cost of such assistance and/or treatment.

THE UNDERSIGNED FURTHER STATE(S) THAT HE/SHE/THEY HAS/HAVE READ AND VOLUNTARILY SIGNED THIS RELEASE AND WAIVER OF LIABILITY AND FURTHER AGREES/AGREE THAT ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS HAVE NOT BEEN MADE.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_