

**Ridgewood Club of Chapel Hill
Window of Your Soul 2010 Registration Form**

Please check the camp for which you are registering and mail directly to the Sponsor with complete payment:

Suzy Osborne
Window of Your Soul
631 Tinkerbell Rd.
Chapel Hill, NC 27517

Non-pool member fee is \$175.
Pool member fee is \$150.

Date	Name of Camp	Please Check
June 28-July 2	Window of Your Soul	

Child's name: _____ Grade Completed: _____ Gender: _____

Date of Birth: _____ Camper t-shirt size: Youth M L XL Adult M L XL

Parents name(s) & address(es): _____

E-mail address: _____

Day time phone number: _____ Cell Phone number: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Please indicate if someone other than you will be picking up your child:

Parent/Guardian Signature: _____ Date: _____

**Ridgewood Club of Chapel Hill
Release of Liability and Consent for Medical Treatment**

Child's Full Name: _____

Physician's Name, Address, Telephone: _____

Dentist's Name and Telephone: _____

Any Allergies: _____

Any medications: _____

Date of last tetanus shot: _____

Is there any additional medical information we should know about your child? _____

Insurance Company and Policy Number: _____

Insurance Company Phone Number: _____

I, the undersigned, do voluntarily agree to release and hold harmless the Ridgewood Club of Chapel Hill, Inc, and its Summer Camp Sponsors and Counselors from any claim, demand, cause of action for injury to the above named participant(s) which arises out of or is any way connected to the Ridgewood Summer Camp programs and any travel in connection with such programs. Ridgewood Club of Chapel Hill, Inc and its Summer Camp Sponsors and Counselors will not be responsible in case of accident, illness or property damage.

I acknowledge that my child's experience in the Summer Camp program at Ridgewood Club of Chapel Hill, Inc will be outdoors, often in direct sun with minimal shade, and around wooded areas. I understand there is a chance of my child coming into contact with the following hazards including (but not limited to): ticks, chiggers, poison ivy/oak, and bees. I further acknowledge that the Summer Camp Sponsors and Counselors are not responsible for any bug bites, sunburns or possible illnesses that may result from my child participating in the outdoor activities. My signature below authorizes the Summer Camp Sponsor to request emergency treatment for my child if the situation warrants and I am unable to be contacted. I hereby assume responsibility of payment for such treatment. I agree that the foregoing Release of Liability applies to persons or entities rendering emergency medical treatment.

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date