

**UNIVERSITY OF HAWAII FLIP & FUN DAY CAMP
REGISTRATION FORM**

Name _____ Age _____ Sex (M)(F) _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Parent/Guardian _____

Please check requested week(s):

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____

Enclosed is my check in the amount of \$ _____ made payable to Sports-Aid Int'l.

(See section under *costs* to determine check amount.) Mail to address on front of brochure.

Assumption of Risk and Release

I/We, the undersigned, certify that (print participant's name) _____ is in good physical health and able to participate in all activities of the 1999 UH Flip & Fun Summer Day Camp. I/We also understand that because of the inherent dangers and risks involved with any participation in Flip & Fun Day Camp at the University of Hawaii, which is scheduled from June 14 - August 6, 1999, that I/We should be covered during said period by a private medical and liability policy, and I/We further understand that the University of Hawaii and Sports-Aid International do not provide such insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in Flip & Fun Day Camp. Therefore, in consideration of (print participant's name)

_____ being permitted to participate in the Flip & Fun Day Camp, I/We hereby agree to assume all risks and responsibilities surrounding his/her participation in the Flip & Fun Day Camp. I/We have read and understand any and all written materials setting forth the requirements for participation in the above referenced activities as well as those explained by the instructors, and I/We agree to strictly observe them. Further, I/We do for myself, my heirs, executors, and administrators, hereby accept full responsibility for (print participant's name) _____'s participation and agree to indemnify, release and discharge the University of Hawaii and Sports-Aid International, their officers, employees and agents and assigns from any and all claims or actions for property damage, personal injury and/or death arising from such participation in the Flip & Fun Day Camp or growing out of or caused by acts of omissions of (print participant's name) _____ during his/her participation in Flip & Fun Day Camp.

Medical Consent Form

I/We consent to and authorize any medical professional and others working under their supervision to treat (print participant's name) _____ for any injury or illness arising from or relating to his/her participation in Flip & Fun Day Camp. I/We further agree to pay any and all such medical expenses, costs and other charges and to release and discharge and hold harmless the University of Hawaii and Sports-Aid International and their officers, employees, agents and assigns from and against any liability or any claims or demands arising from or connected with such medical treatment or care.

IN CASE OF EMERGENCY CONTACT:

1. _____ Phone _____

2. _____ Phone _____

Physician to consult _____ Phone _____

I/We certify that by signing below I/We agree to the terms of the *Assumption of Risk and Release* and *Medical Consent Form*.

Signature of Parent(s) Guardian(s) _____ Date _____

Print names