

Fountain Valley School District
Summer Camp
GISLER and NEWLAND



June 24 - August 23 - 9 Weeks - 7am to 6:00 pm
Full Time - \$175.00 per Week - Newland and Gisler
Part Time (Tuesday, Wednesday & Thursday ONLY) - \$150.00 per Week Newland and Gisler
Drop In - \$45.00 Per Day, Plus Cost of Field Trip

Summer Camp Contracts And Tuition Are Not Transferrable Between Locations

Registration - April 1 through June 10, 2019, unless we fill up - Registration will resume (if space is available) June 17. Register at www.fvsdchildcareprograms.com Print, complete and return the following Enrollment forms to the Childcare Programs Office: 9625 Warner Avenue, Fountain Valley (714) 962-4072. **PLEASE NOTE: Registration is first come first serve, therefore, please register early, to ensure you get a space. Once a site is full we will close registration at that site.**

NOTE: A registration packet must be completed for EACH site the child will be attending.

- CONTRACT:** One for each child enrolling in Summer Camp
 - Mark which camp site you prefer. (Your child will be placed on a space-available basis.)
 - Choose a Full-time and/ or Part-time program. Drop Ins Available- Drop Ins on field trip days require a three business day advance notice at the Childcare Programs Office. **PLEASE NOTE: In order to use the drop in program, you will need to be registered at the Childcare Programs Office at least one week in advance of your first drop in day. Once registered, ALL DROP INS MUST BE SCHEDULED AND PAID FOR AT THE CHILDCARE PROGRAMS OFFICE PRIOR TO THE DROP IN. NO EXCEPTIONS.**
 - Mark the weeks that your child will attend with FT for full time and PT for part time.
 - \$15.00 deposit for each week enrolled is required with each contract at the time of registration.
 - If you sign up for 2 or less weeks only, payment in full is due at the time of registration.
 - Payment for week 1 is due by June 11, 2019. Please see Parent Handbook for new two week payment schedule.
 - You will receive one T-shirt free of charge with registration. Additional T-shirts - \$10.00 each.
 - \$25.00 registration fee (non-ESP students).
 - Attach your check to the contract.
- 2 EMERGENCY CARDS** - per family (list all children attending). Please note 2 emergency cards (the ESP Office will not make photocopies) must be returned with the registration paperwork.
- ENROLLMENT FORM** - 2 Pages. 1 set per family (list all children attending)
- PEANUTS AND SUNSCREEN WAIVER** - 1 per child
- ELECTRONICS WAIVER** - 1 per child
- DISCIPLINE CONTRACT**- One for each child enrolling in Summer Camp
- ADDING AND DROPPING DAYS CONTRACT** - One per family.

Make Checks Payable to: FVSD-ESP - Please write your child's full name at the bottom left section of your check. Each week's remaining balance after your deposit (\$160.00/\$135.00) will be due the Wednesday prior to the week attending.

Fountain Valley School District SUMMER CAMP CONTRACT



Please enroll my child in the Summer Camp program at: Newland Gisler

Child's Name _____ Current Grade _____ Home School _____
 Home Address _____ City _____ Zip _____

Mother's Name _____ Home Phone _____
 Mother's Employer _____ Cell Phone _____
 Work Phone _____

Father's Name _____ Home Phone _____
 Father's Employer _____ Cell Phone _____
 Work Phone _____

E-mail address: _____

Does your child require any special accommodations in summer camp or on field trips?

My Child Will Attend the Following Weeks: FULL TIME = FT PART TIME = PT Check if DROP In Only _____

Week 1:	June 24 – June 28	Week 6:	July 29 – August 2
Week 2:	July 1 – July 3 (Closed July 4 th & 5 th) \$150.00	Week 7:	August 5 – August 9
Week 3:	July 8 – July 12	Week 8:	August 12 – August 16
Week 4:	July 15 – July 19	Week 9:	August 19 – August 23
Week 5:	July 22 – July 26		

T-SHIRT SIZE: Child XS Child S Child M Child L Adult S Adult M

Full-time Fees:
 1 - 9 Weeks \$175.00 Per Week Deposit (weeks 1-9 - \$15/Week) \$ _____
Part-time Fees:
 1 - 9 Weeks \$ 150.00 Per Week or
Drop-In Fees: \$45.00 Per Day Plus Full Payment if attending 2 weeks or less \$ _____
 Cost of Field Trip (\$175/week or \$150/week)
 Extra T-Shirts ____ x \$10 Each \$ _____
 REGISTRATION FEE (\$25, if not currently in ESP) \$ _____
 TOTAL DUE WITH CONTRACT \$ _____

Week 1 payment due
 June 11, 2019. See Parent
 Summer Camp Handbook for
 Remaining Summer Camp
 Due Dates

I HAVE READ AND SIGNED THE CONTRACT FOR ADDING AND DROPPING WEEKS/DAYS.

I Agree To Abide By The Summer Camp Parent Handbook and Enrollment Policies And Procedures And Understand:

- All contracts, payments and deposits are non-refundable and non-transferrable.
- I give permission for my child to participate in all activities, including field trips.
- A REGISTRATION PACKET MUST BE COMPLETED FOR EACH SITE YOUR CHILD WILL BE ATTENDING.
- WEEKS MAY BE DROPPED WITH A WRITTEN OR E-MAIL TWO-WEEK DROP NOTICE.

Parent Signature _____ Date _____

Print Name _____

Office Use Only: PAYMENT RECEIPT
 Date Paid/Rec'd _____ Amt Paid _____ Check # _____ Cash _____
 Copy To Parent:
 Received By: _____

2019/20 FVSD CHILD CARE PROGRAMS EMERGENCY CARD

LPU 1__ 2__ 3__

Student Last Name _____ Home Address _____ City _____ Zip Code _____ Phone _____
 (Legal if Different)

Is your child enrolled in ANY Special Needs classes in the Fountain Valley School District? _____

Does your child require medication to be administered at Summer Camp? If yes, please list medications.

LIST CHILDREN ENROLLED ELDEST FIRST						Daily Medications
First Name	Birth Date	Sex	Grade	Food Allergies	Special Medical Problems	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Custody Ruling (Attach Court Order) prohibits release of children to: _____

Student(s) live with (please circle): Father Mother Stepfather Stepmother Other _____

Father Last Name, First _____ Employer/Location _____ Work Telephone _____ Cell _____

Mother Last Name, First _____ Employer/Location _____ Work Telephone _____ Cell _____

Stepparent/Legal Guardian Name _____ Employer/Location _____ Work Telephone _____ Cell _____

Adults authorized to pick up children who have agreed to be responsible in case of minor injury, illness or emergency evacuation if parents cannot be reached. THIS INFORMATION MUST BE KEPT UP-TO-DATE. YOU MUST INCLUDE AT LEAST 2 LOCAL PEOPLE. ONLY THESE PEOPLE ARE ALLOWED TO TAKE CHILDREN HOME FROM CHILD CARE PROGRAM AND MUST BE AT LEAST 18 YEARS OF AGE.

Name	City	Relationship	Telephone
_____	_____	_____	() _____ Cell () _____
_____	_____	_____	() _____ Cell () _____
_____	_____	_____	() _____ Cell () _____

MEDICAL EMERGENCY INSTRUCTIONS: In the event of an emergency, the Lead Instructor or his/her designee will call 911, your physician and/or emergency physician. The undersigned parent/guardian will pay any fees involved.

Physician Name _____ Telephone () _____

Insurance Company _____ Policy Number _____ Drug Allergies _____

In case of emergency, list who should be contacted first: _____

PUPIL TRANSPORTATION PERMIT: In accordance with Education Code 35330, you are required to give written permission before your child can be transported. By signing below I grant this permission.

PHOTO RELEASE: By signing below I authorize CHILD CARE PROGRAMS to use pictures taken of my child for any educational purpose, including newspaper publicity or check statement below.

I DO NOT APPROVE of photograph release of my child.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

2019/20 FVSD CHILD CARE PROGRAMS EMERGENCY CARD

LPU 1__ 2__ 3__

 Student Last Name Home Address City Zip Code Phone
 (Legal if Different)

Is your child enrolled in ANY Special Needs classes in the Fountain Valley School District? _____

Does your child require medication to be administered at Summer Camp? If yes, please list medications.

LIST CHILDREN ENROLLED	ELDEST FIRST					Daily Medications
First Name	Birth Date	Sex	Grade	Food Allergies	Special Medical Problems	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Custody Ruling (Attach Court Order) prohibits release of children to: _____

Student(s) live with (please circle): Father Mother Stepfather Stepmother Other _____

_____ Father Last Name, First	_____ Employer/Location	_____ Work Telephone	_____ Cell
_____ Mother Last Name, First	_____ Employer/Location	_____ Work Telephone	_____ Cell
_____ Stepparent/Legal Guardian Name	_____ Employer/Location	_____ Work Telephone	_____ Cell

Adults authorized to pick up children who have agreed to be responsible in case of minor injury, illness or emergency evacuation if parents cannot be reached. THIS INFORMATION MUST BE KEPT UP-TO-DATE. YOU MUST INCLUDE AT LEAST 2 LOCAL PEOPLE. ONLY THESE PEOPLE ARE ALLOWED TO TAKE CHILDREN HOME FROM CHILD CARE PROGRAM AND MUST BE AT LEAST 18 YEARS OF AGE.

Name	City	Relationship	Telephone
_____	_____	_____	() _____ Cell () _____
_____	_____	_____	() _____ Cell () _____
_____	_____	_____	() _____ Cell () _____

MEDICAL EMERGENCY INSTRUCTIONS: In the event of an emergency, the Lead Instructor or his/her designee will call 911, your physician and/or emergency physician. The undersigned parent/guardian will pay any fees involved.

Physician Name _____ Telephone () _____
 Insurance Company _____ Policy Number _____ Drug Allergies _____
 In case of emergency, list who should be contacted first: _____

PUPIL TRANSPORTATION PERMIT: In accordance with Education Code 35330, you are required to give written permission before your child can be transported. By signing below I grant this permission.

PHOTO RELEASE: By signing below I authorize CHILD CARE PROGRAMS to use pictures taken of my child for any educational purpose, including newspaper publicity or check statement below.

I DO NOT APPROVE of photograph release of my child.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

ENROLLMENT FORM

Child(ren)'s Last Name _____ School _____
Family Last Name _____ First Date in ESP _____

	Child(ren) in ESP	Grade	Sex
1.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

2. Does your child require any special accommodations? Yes No

3. If yes to question #2, please explain _____

4. Child lives with (please circle):

Father/Stepfather: Name: _____

Mother/Stepmother: Name: _____

Other (please give relationship) Name: _____ Relationship _____

5. Other children in the home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

6. Adults other than parents in the home:

Name	Relationship
_____	_____
_____	_____

A parent conference may be required prior to attending if an accommodation plan is necessary for program participation.

**Enrollment Form
(page 2)**

7. **What are your child's physical, social or emotional needs?**
8. **How can we best meet your child's needs?**
9. **a. Does your child receive any special services from the school district? (Speech and Language, RSP, ESL, GATE, SDC) Please list.**
- b. If the answer to 9 a. is yes, please explain why your child receives services from the Special Ed Department.**
- c. Does your child ever experience violent outbursts?**
10. **Can your child express himself verbally so others can understand him?
If not, how does he communicate?**
11. **How does your child react in new social experiences?**
12. **What techniques are effective when your child is upset?**
13. **Please share any concerns or additional information about your child(ren) that will help the staff meet the individual needs of each child. All information is confidential. Please attach separate sheet if necessary.**

Prefer to discuss child's needs with teacher

SUMMER CAMP
PEANUTS AND SUNSCREEN Contract Waiver

1. I would like my child to eat lunch at a “peanut free” lunch table.

YES

NO

Parent or Guardian Signature _____ Date _____

2. I agree to allow the ESP Staff to assist my child to apply sunscreen. The children will apply sunscreen at lunch (12:00pm) and last recess (3:00pm). IT IS THE PARENT'S RESPONSIBILITY TO APPLY SUNSCREEN DAILY BEFORE ARRIVING AT SUMMER CAMP. (If your child needs special sunscreen, please provide it and discuss with camp coordinator.)

YES

NO

Parent or Guardian Signature _____ Date _____

I will donate sunscreen to Summer Camp.

PLEASE REMEMBER TO SEND A BOTTLED WATER WITH YOUR CHILD DAILY.

**Fountain Valley School District
SUMMER CAMP
DISCIPLINE CONTRACT**

1. You are expected to treat yourself, the other children, and the adults at Summer Camp with respect. You are to be polite and courteous in your actions and conversation with others... (do not use bad language).
2. You are expected to keep yourself safe and to help your friends keep themselves safe by following Summer Camp and school rules...(if you or someone else might get hurt, don't do it).
3. You are expected to use personal and school materials and equipment in a safe manner so it is not damaged or lost.
4. You are expected to listen and respond to directions given to you by adults the first time.
5. You are expected to use your best behavior on field trips, including on the bus. Children who misbehave on a field trip will not be able to go on the next field trip.
6. What happens if you do misbehave? You will receive a warning. If you do not respond to the warning you will be given time out to think about your behavior. You may owe a consequence for your behavior. A phone call or written warning to parents, suspension, or dismissal from Summer Camp are other consequences that may apply. Dismissal from the Extended School Program is permanent.
7. If you have a consequence to do, remember that while your behavior is being corrected, the adults still like you as a person.
8. Remember to treat everyone in the way you like to be treated.
9. If someone hits you, threatens you, teases you, or plays unfairly, tell them how you feel. If they won't listen, ask an adult to help you. DO NOT hit or yell. The adult will help you learn ways to take care of yourself in these situations.
10. Remember all of us have bad days. Sometimes something is happening in our lives that makes us sad or mad. If you learn to talk to an adult or a friend about the things that are bothering you, then you will feel better and get along at Summer Camp and home better.
11. If you have any questions about how you are expected to behave, please ask an adult.

I agree to do what is expected of me at Summer Camp:

Student Signature _____ Date _____

I have gone over the Discipline Contract with my child and agree to support the Summer Camp staff within the guidelines.

Parent or Guardian Signature _____ Date _____

Staff _____

**EXTENDED SCHOOL PROGRAM
ELECTRONICS CONTRACT**

In conjunction with The Fountain Valley School District:

The FVSD Child Care Department and the Extended School Program are not responsible for damage to or the loss of any electronic devices brought into our program. This includes, but is not limited to cell phones, laptops, Game Boys, Itouch, Ipods, Ipads, electronic readers, etc. In addition, we are not to be held liable for the content on student devices.

PLEASE NOTE: The use of cell phones is prohibited during Summer Camp time.

I also understand that use of electronics is limited to Tuesdays from 7:00 am to 10:00 am and Thursdays from 3:30 pm to 6:00 pm during Summer Camp, and is subject to program activities and/or needs, as well as the discretion of the Summer Camp Coordinators.

I have gone over the Electronics Contract and agree to abide by these rules at all times.

Parent or Guardian Signature: _____

Child/rens Name/s: _____

Date: _____

Staff _____

CONTRACT FOR ADDING AND DROPPING SUMMER CAMP WEEKS AND DAYS

Full or Part Time Weeks:

THE WEEKS YOU SELECT ARE NON-TRANSFERRABLE AND NON-REFUNDABLE WITHOUT A TWO WEEK WRITTEN or E-MAILED DROP NOTICE. With a two week notice in writing or via e-mail, you may drop a week. You will lose your \$15.00 deposit for that week. If you add another week you will need to do so at the Childcare Programs Office and provide another deposit for the week you are adding.

Drop In Days:

Any/Every additional day is considered a drop-in and must be scheduled and paid for at the Childcare Programs Office in advance. If you add a field trip day, you must schedule and pay for the day at the Childcare Programs Office 3 business days in advance of the field trip day. Non field trip days may be scheduled the same day, as long as the day is scheduled and paid for at the Childcare Programs Office before you drop your child at the Summer Camp site.

ONCE A DROP IN DAY IS SCHEDULED AND PAID FOR IT CANNOT BE CANCELLED, TRANSFERRED, RESCHEDULED OR REFUNDED. All payments are non-refundable and non-transferrable. Drop In days at the Plavan On Site Location must be registered for on a separate contract.

Parent Signature _____ Date _____

IMPORTANT REMINDER!!

Please Note:

**This is your Confirmation of Enrollment for Summer Camp 2019
Please retain for your records, as this is your proof of registration.**

PLEASE COMPLETE!!

School _____

My child _____ is enrolled for Summer Camp 2019
With the following schedule:

My Child Will Attend the Following Weeks:		FULL TIME = FT	PART TIME = PT	Check if DROP In Only
Week 1:		June 24 – June 28	Week 6:	July 29 – August 2
Week 2:		July 1 – July 3 (Closed July 4 th & 5 th) \$150.00	Week 7:	August 5 – August 9
Week 3:		July 8 – July 12	Week 8:	August 12 – August 16
Week 4:		July 15 – July 19	Week 9:	August 19 – August 23
Week 5:		July 22 – July 26		

If you need to make changes to the above schedule a two week written notice is required. You will only lose your \$ 15.00 deposit. Please note deposits are non-transferable between summer camp sites.

Parent Signature _____

Date _____

Office Use Only

Confirmation of Receipt of Enrollment For Summer Camp 2019	ESP Staff Signature	Date

WAIVER AND RELEASE OF LIABILITY, ACKNOWLEDGMENT AND ASSUMPTION OF RISKS, AND PARTICIPANT AGREEMENT

IN CONSIDERATION OF THE SERVICES OF H2O PARTNERS AND BIG AIR FUN, LLC, I, THE UNDERSIGNED ADULT LISTED BELOW, AM AT LEAST 18 YEARS OF AGE, AND AGREE AND UNDERSTAND THAT THE TRAMPOLINES AND ACTIVITIES AT BIG AIR HAVE INHERENT RISKS, AND THAT PARTICIPATION IN THE ACTIVITIES AND USE OF THE TRAMPOLINES AND EQUIPMENT MAY RESULT IN SERIOUS INJURY, INCLUDING BUT NOT LIMITED TO THOSE SET FORTH IN THE ASSUMPTION AND ACKNOWLEDGMENT OF RISKS PARAGRAPH BELOW. I FURTHER UNDERSTAND THAT THE ACTIVITIES AND TRAMPOLINES AT BIG AIR WILL BE SHARED WITH OTHERS OVER WHOM BIG AIR HAS NO CONTROL. WITH THE FOREGOING UNDERSTANDING, I AGREE AS FOLLOWS:

ASSUMPTION AND ACKNOWLEDGMENT OF ALL RISKS. I, ON MY OWN BEHALF, AND ON THE BEHALF OF THE BELOW-LISTED MINOR(S), AS THEIR PARENT, LEGAL (COURT APPOINTED) GUARDIAN OR CUSTODIAN, KNOWINGLY, VOLUNTARILY, AND FREELY ACCEPT AND ASSUME ANY AND ALL RISKS, BOTH KNOWN AND UNKNOWN, OF INJURIES OR OTHER LOSS OR DAMAGE MAY SUFFERED WHILE ON BIG AIR'S PREMISES, HOWEVER CAUSED, **EVEN IF CAUSED IN WHOLE OR IN PART BY THE ACTION, INACTION OR NEGLIGENCE OF H2O PARTNERS LLC AND/OR BIG AIR FUN, LLC, THEIR PRINCIPALS, OFFICERS, OWNERS, SHAREHOLDERS, EMPLOYEES, LANDLORD (INCLUDING PS BUSINESS PARKS, LP), EQUIPMENT MANUFACTURERS OR REPAIR PERSONS, SPONSORS, AGENTS (ALL COLLECTIVELY REFERRED TO BELOW AS "RELEASED PARTIES").** SUCH RISKS INCLUDE, BUT ARE NOT LIMITED TO CUTS AND BRUISES, FALLS, BROKEN BONES, INJURIES TO WRISTS, ARMS, LEGS, ANKLES, BACKS, HEADS AND NECKS, INJURIES FROM FLIPS OR CONTACT WITH OTHER PARTICIPANTS, AND/OR SPINAL INJURIES.

WAIVER OF ALL CLAIMS. I, ON MY OWN BEHALF, AND ON BEHALF OF THE BELOW-LISTED MINORS, **EXPRESSLY WAIVE ANY AND ALL CLAIMS, SUITS OR DEMANDS FOR PERSONAL INJURY, PROPERTY DAMAGE OR OTHER LOSS** AGAINST THE "RELEASED PARTIES", AND EACH OF THEM, INCLUDING BUT NOT LIMITED TO **ANY AND ALL NEGLIGENCE, NEGLIGENT SUPERVISION, AND NEGLIGENT INSTRUCTION.** TO THE FULLEST EXTENT PERMITTED BY LAW, THIS WAIVER IS INTENDED TO BE A COMPLETE RELEASE OF THE RELEASED PARTIES FOR ANY AND ALL RESPONSIBILITY FOR PERSONAL INJURIES, PROPERTY DAMAGE OR DEATH SUSTAINED BY ME OR ANY OF THE BELOW LISTED MINORS ON BIG AIR'S PREMISES, WHETHER ARISING OUT OF OR RESULTING FROM MY OR THEIR PARTICIPATION IN ACTIVITIES, USE OF TRAMPOLINES OR OTHER PLAY EQUIPMENT, PARKING LOTS, PREMISES AND FACILITIES. THIS RELEASE APPLIES FOR ANY DATE IN THE FUTURE (INCLUDING TODAY'S DATE) THAT I, OR THE MINOR LISTED BELOW, MAY VISIT BIG AIR'S FACILITY, AND IS FURTHER BINDING ON THE HEIRS, REPRESENTATIVES AND ESTATES OF THE UNDERSIGNED AND MINOR(S). I FURTHER AGREE TO WAIVE, RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS THE RELEASED PARTIES, FROM AND AGAINST ALL CLAIMS, DAMAGES, INJURIES, EXPENSES, OR DEATH ARISING OUT OF OR RESULTING FROM ADMINISTERING OF OR FAILING TO ADMINISTER MEDICAL ASSISTANCE TO ME OR ANY OF THE BELOW-LISTED MINORS.

INDEMNITY: I FURTHER AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES, AND EACH OF THEM, INCLUDING ATTORNEYS FEES, AGAINST ANY AND ALL CLAIMS, LAWSUITS OR DEMANDS RESULTING FROM ANY LOSS, INJURY, DAMAGE, OR DEATH, AS WELL AS PROPERTY DAMAGE, ARISING OUT OF, CONNECTED TO, OR RELATING IN ANY WAY TO THE PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN, AND/OR THE PRESENCE ON THE PROPERTY.

AUTHORIZATION TO USE IMAGE AND PERSONAL INFORMATION: RELEASORS ARE HEREBY GRANTED THE RIGHT TO USE ANY IMAGES AND PERSONAL INFORMATION OF THE UNDERSIGNED, IN ANY SOCIAL MEDIA, WEBSITES, OR OTHER MARKETING MATERIALS.

I, FOR MYSELF, AND AS PARENT, LEGAL GUARDIAN OR CUSTODIAN OF THE MINOR(S) LISTED BELOW, WILLINGLY AGREE TO READ, OBEY, AND COMPLY WITH ALL POSTED, SPOKEN AND/OR SAFETY RULE SIGNS AND CONDITIONS FOR ATTENDANCE AT BIG AIR, PARTICIPATION IN ACTIVITIES, AND USE OF TRAMPOLINES AND OTHER EQUIPMENT, AND UNDERSTAND THAT THE FAILURE TO DO SO MAY RESULT IN SERIOUS INJURY OR DEATH. I REPRESENT THAT I AND ALL MINORS LISTED BELOW ARE PHYSICALLY FIT, OTHERWISE HEALTHY AND ABLE TO SAFELY PARTICIPATE IN ALL ACTIVITIES AND USE ALL OF THE TRAMPOLINES AND EQUIPMENT AT BIG AIR. I FURTHER ACKNOWLEDGE THAT RECREATIONAL SERVICES ARE BEING PROVIDED, AND NO SALE, LEASE OR BAILMENT OF EQUIPMENT IS ANY PART OF TRANSACTION HEREIN. I AGREE THAT IF ANY PART OF THIS AGREEMENT IS DETERMINED TO BE UNENFORCEABLE, ALL OTHER PARTS SHALL REMAIN FULLY EFFECTIVE.

I, FOR MYSELF, AND FOR THE BELOW-LISED MINOR(S), AS THEIR PARENT, LEGAL GUARDIAN OR AUTHORIZED CUSTODIAN, DO READ AND UNDERSTAND ENGLISH, AND HAVE CAREFULLY READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND AGREE TO BE BOUND BY IT FOR MYSELF AND ON BEHALF OF ALL BELOW-LISTED MINOR(S).

NOTICE: BY SIGNING THIS, YOU ASSUME ALL RISK OF INJURY OR DAMAGE AND RELEASE THE RELEASED PARTIES FROM ALL LIABILITY TO THE FULLEST EXTENT PERMITTED BY LAW.

Adult Name (PRINT First & Last) (INK ONLY)		Adult Signature (INK ONLY)		Adult DOB	Date
(PRINT)		(SIGN)			
(ADDRESS)				(CELL PHONE)	
(CITY)	(STATE)	(ZIP CODE)		(EMAIL) *	

*You are not required to provide your email address

CHILD Name (PRINT First & Last) (INK ONLY)	DOB	Adult's Relationship to Child (circle one)	
(PRINT)		Parent	Legal Guardian
(PRINT)		Parent	Legal Guardian
(PRINT)		Parent	Legal Guardian

Customer Number

Name of Party You are Attending (or write "N/A" if not a party): _____
 Adult Emergency Contact: _____ Email: _____ Cell Phone _____

Park or any portion thereof, Participant must complete all of the following: (1) sign this Agreement; (2) watch all safety videos; and (3) read and abide by the rules and regulations prescribed by the Trampoline Park. Additionally, Participant agrees that Participant will ensure any guest Participant brings to the Trampoline Park signs Get Air's standard release form and completes the other steps required for Use of Facility at the Trampoline Park or any portion thereof. Participant understands that Participant is responsible for any guests Participant brings to the Trampoline Park, and therefore agrees to indemnify the Released Parties for any liability arising out of Participant guest's visit to or Use of Facility at the Trampoline Park or any portion thereof. All participants MUST READ, UNDERSTAND and FOLLOW all Trampoline Park rules as amended from time to time. By signing this Agreement you are representing and warranting that you have READ, UNDERSTAND and WILL FOLLOW ALL RULES as amended from time to time.

14. Video, Photo, and Image Release

The Agreement gives Get Air the exclusive rights and permissions to use all media captured on the Trampoline Park premises. Including but not limited to: security footage, photos, and video. Which can be used for any and all purposes including but not limited to publication in both printed and electronic media, internet, websites, advertisement, and other promotional uses.

15. Subsequent Visits

This Agreement shall apply to ALL of Participants' future visits to Get Air.

IN WITNESS WHEREOF, the Adult has signed this Participation Agreement as of the Effective Date.

Any minor must have his or her parent or legal guardian sign this Agreement before that minor can participate in any activities or Use of Facility at the Trampoline Park. Get Air may rely completely on the representation made by an individual who claims to be the parent or guardian of a participant and shall not be obligated to independently verify whether or not such individual is in fact the parent or legal guardian of the participant. By signing this Agreement for yourself without a parent or guardian also signing, you are representing to Get Air that you are at least 18 years of age and that you agree to all of the above terms and conditions.

Name of Adult: _____

Signature: _____

Date: _____

**If you, the Adult, are signing this Participation Agreement personally,
AND on behalf of a minor child or minor children,
please write their names below:**

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____