

Koinonia School of Sports, Inc.
P.O. Box 321, Rte. 21, Thompson, CT 06277 (860) 928-6420
Summer Camp General Release Form

Child's Name: _____ Date of Birth: _____ Age: _____
Child's Name: _____ Date of Birth: _____ Age: _____
Child's Name: _____ Date of Birth: _____ Age: _____
Child's Name: _____ Date of Birth: _____ Age: _____

Parent's Name: _____

Mailing Address: _____

E-mail Address: _____

Home Ph#: _____ Work Ph#: _____ Cell Ph#: _____

Please identify any known medical or emotional illness or disorder that would currently pose a risk to others or which would currently affect the individual's functional ability to participate safely in our program stated above.

Photo Release

I give permission for my child(ren)'s photos to be taken at Koinonia School of Sports. I authorize and consent for their photos to be used for the appropriate purposes, including, but not limited to: our website, Facebook page, newsletters, promotional information and print publications.

X Parent's Signature: _____ **Date:** _____

Release Form

Any person attending Koinonia School of Sports, Inc. using the facilities, taking a class, attending a field trip, or using the equipment therein, does so at his/her own risk. Koinonia School of Sports, Inc., Thompson Police Athletic League, (P.A.L.), its owners and agents shall not be liable for any damages – personal or to property – arising from personal injuries or property damages sustained by members, guests or participants, in, on, off, or about the premises of Koinonia School of Sports, Inc. It is clearly understood that physical activity of any kind can cause serious injury or even death. The participants, which includes observers, hereby release the owners, employees and agents from any and all claims, demands, damages, rights or actions or cause of actions, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of any loss caused by an accident. If any part of this release is deemed void by any judicial body, that declaration does not affect the remainder of the release. I have read and understand, accept and voluntarily sign the foregoing waiver, assumption of risk and release form on this day.

X Parent's Signature: _____ **Date:** _____

Medical Coverage (Provided by Parent/Guardian)

Due to the extreme cost that would be passed on to our clientele, in the form of higher tuition for all, I accept the responsibility of providing coverage for the individual that I register at Koinonia School of Sports, Inc. I am enrolling _____ in the program stated above and I understand that physical activity entails a certain amount of risk toward bodily injury. I have read, understand, accept and voluntarily sign the forgoing waiver, assumption of risk and release form on this _____ day of _____ in the year 20____.

Medical Insurance Policy Name and ID#: _____

X Parent's Signature: _____ **Date:** _____

Staff Witness: _____ **Date:** _____