



## ***Stonebridge Ranch Country Club Summer Sports 2018***

### **APPLICATION AND RELEASE FORMS**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please check the box to the right of all camps your child would like to attend and write down if your child will attend full day or half day.

<b>Session 1</b>	June 11 - 15	<input type="checkbox"/>	<b>Session 6</b>	July 23 - 27	<input type="checkbox"/>
<b>Session 2</b>	June 18 - 22	<input type="checkbox"/>	<b>Session 7</b>	July 30 - Aug 3	<input type="checkbox"/>
<b>Session 3</b>	June 25 - 29	<input type="checkbox"/>	<b>Session 8</b>	Aug 6 - Aug 10	<input type="checkbox"/>
<b>Session 4</b>	July 9 - 13	<input type="checkbox"/>	<b>Session 9</b>	August 13 - 17	<input type="checkbox"/>
<b>Session 5</b>	July 16 - 20	<input type="checkbox"/>	<b>Session 10</b>	August 20 - 24	<input type="checkbox"/>

#### Parent's Information:

Parent's Name: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

#### Member Billing Information:

Account Number: \_\_\_\_\_

#### Guests Billing Information:

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_

3 Digit Security Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian

**Stonebrige Ranch Country Club (“Club”)  
ACTIVITY REGISTRATION - MINOR**

Participant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: State: Zip: \_\_\_\_\_  
Parent/Legal Guardian: \_\_\_\_\_  
Phone Numbers: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Activity: \_\_\_\_\_ Date: \_\_\_\_\_

**ASSUMPTION OF RISK AND RELEASE AGREEMENT**

**Assumption of Risk:** As parent or legal guardian of participant, I am aware that the Activity involves inherent risks, dangers, and hazards that can result in serious personal injury or death. I am also aware that the Club facilities and/or equipment contain dangers and can cause serious injury or death. **I and Participant hereby freely agree to assume and accept all known and unknown risks of injury arising out of the Activity including injury or death that results from Club’s negligence, design of the facility and/or equipment, or from any third party.**

**Release and Indemnity:** In exchange for the Club allowing Participant to participate in the Activity, I and Participant understand and expressly acknowledge that we, on our own behalf and on behalf of the other members of our family, including spouse, parents, children, heirs, and assigns, release, discharge, waive, relinquish, covenant not to sue, indemnify and hold harmless from any and all claims, actions, demands, costs, liabilities, expenses or judgments whatsoever, including attorneys’ fees and costs, the Club, its parent company, affiliated or subsidiary companies, and all their respective officers, directors, agents, contractors, employees, heirs, successors, assigns, volunteers and guests (“Released Parties”) from all liability for any injury, death, loss or damage connected in any way whatsoever to participation in Activity that may result from Club’s negligence or willful misconduct of any third party, design of the facility and/or equipment, whether arising either directly or indirectly out of participating in an event or activities or from any third party, whether on or off the Club’s premises and including any transportation. It is the intention of the parties hereto that I will indemnify and protect the Club and Released Parties from the consequences of acts or omission of the Club and Released Parties or any third party (including others who may be participating in the Event), who may have a claim or cause of action against the Club and Released Parties that arose by, through, or under Participant, in whole or in part.

**Property Loss:** All personal property brought to the Activity is brought at the sole risk of the Participant as to its theft, damage, or loss or injury to any other third party.

**Medical.** I give my consent to emergency medical care and transportation in order to obtain treatment in the event of injury, as the Club may deem appropriate. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and any other incidental expenses due to health, accident, or failure to conform to rules and guidelines established by the Club and the person in charge of the Activity. I further agree to release and hold harmless the Club, its parent company, affiliated or subsidiary companies, and all their respective officers, directors, agents, contractors, employees, heirs, successors, assigns, volunteers and guests, whether associated with the Activity or not, arising from and extending to any and all liability arising out of or in any way connected with such provision of medical or surgical treatment or transportation provided in the event of an emergency.

**Photograph Permission.** I give permission for the Club to use, without limitation or obligation, photographs, film footage, or tape recordings that may include participant’s image or voice for purposes of promoting the Club’s programs.

**Severability.** Any provision or portion of this Release found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion. The remaining provisions or portion hereof, shall be construed and enforced to the same effect as if such offending provision or portion thereof had not been contained herein.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

**EMERGENCY/MEDICAL TREATMENT**

Full name of Participant: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

Please check below IF your child has allergies or sensitivity to:

Bee Sting     Nuts     Dairy     Latex     Other \_\_\_\_\_

List Required Medications and Dose Amounts: \_\_\_\_\_

Please check below IF your child has:

Asthma     Diabetes     Seizure Disorder     Heart Condition

Other Medical Condition \_\_\_\_\_

List Required Medications and Dose Amounts: \_\_\_\_\_

Other Medications: \_\_\_\_\_

Medical History (ex., diabetes or epilepsy), Special Conditions/Needs: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Group/Policy No: \_\_\_\_\_

Names of people to whom the Participant may be released.

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give my permission to have my child taken to the physician, dentist, or hospital for medical treatment if an accident or serious illness occurs.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_