



2020 Pinnacle Kids Academy Camper Information

Parents/Guardians please complete and submit with your registration fee.
Please print.

Child's Name _____

Circle: Male Female

DOB __ / __ / ____

Home Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Phone: (____) ____ - ____

Email: _____

Parent/Guardian Name: _____ Phone: (____) ____ - ____

Email: _____

Authorized Pick-up: _____ Phone: (____) ____ - ____

Number: (____) ____ - ____ Relationship to child: _____

Authorized Pick-up: _____ Phone: (____) ____ - ____

Number: (____) ____ - ____ Relationship to child: _____

* Please add any additional authorized pick ups on back of paper. We will need to see photo ID at pick up

When will your Camper be attending?

	MON	TUES	WED	THURS	FRI
Full Day 9AM - 4PM					
Half Day 9AM-12PM 12-4PM					
Before Care 7am - 9am					
After Care 4pm-6pm					

I authorize Pinnacle Athletics to bill my bank/credit card for payment of day camp,
weekly, unless paid in full upfront.

Credit Card #: _____

Expiration Date: _____

Name as appears on card: _____

Billing Address (if different from home address): _____

Signature: _____



Child's Name: _____

Name of Doctor: _____

Phone: (____) ____-_____

Medical Conditions we should be aware of: _____

Course of Action: _____

Allergies: _____

Course of Action: _____

*We will do our best to accommodate any food allergies. If you'd like to send your child in with snacks or meals please clearly label their items.

EMERGENCY CONTACTS

Name: _____ Phone: (____) ____-_____

Relationship to child: _____

Name: _____ Phone: (____) ____-_____

Relationship to child: _____

Name: _____ Phone: (____) ____-_____

Relationship to child: _____



Social Media Release

Child's Name: _____

Throughout camp we will be taking pictures for camp projects and advertising purposes. I understand that once I, or my family members, image(s) have been captured, they may be posted on the Pinnacle Athletics Website or social media platforms, the image can be downloaded by any computer user on or off the premises of the Sports Complex. Pinnacle Athletics also reserves the right to discontinue use of photos without notice.

Parent Signature: _____

SUNSCREEN PERMISSION



Date: _____ Child's Name: _____

Name of Sunscreen and SPF #: _____

Please apply sunscreen to your child every morning before drop off. If you choose to send your child in with the face, to sunscreen we will assist with applying sunscreen to bare surfaces including tops of ears and bare shoulders, arms, legs, and feet 15-30 min before outdoor activity, as needed. Please be sure to clearly label your child's sunscreen.

*Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Parent Signature: _____

Special Instructions:

_____ I do not want my child to use any sunscreen other than the one that she/he brings.

_____ In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the school.

Parent Signature: _____



WAIVER AND RELEASE OF LIABILITY

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINORITY AGE (Under age 18 at time of registration)

IN CONSIDERATION of my child being allowed to participate in any way in the training, events and activities ("Activities"), related events and activities, the undersigned parent(s) or legal guardian(s), acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the Activities is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of Pinnacle Athletics, LLC and Pinnacle Athletic Campus, LLC or others, and assume full responsibility for my child's participation; and
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and
4. I, for myself on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release the other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, hereafter referred to as Releasees, with respect to any and all injury, disability, death, or loss or damage to person or property incidental to my child's involvement or participation in these programs, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby agree to assume the risk and hold harmless, release, and otherwise indemnify Pinnacle Athletics, LLC and Pinnacle Athletic Campus, LLC, its officers or agents, its affiliated organizations and sponsors and the owners of, in the performance of said fields and facilities utilized for the programs, from any liability from any and all liabilities incidental to my involvement or participation in the Activities, even if arising from their negligence, to the fullest extent permitted by law.

In addition, I acknowledge that COVID-19 infections have been confirmed in New York State and that in accordance with Ontario County Health guidelines, no children should participate in the program within 14 days of symptoms of COVID-19 or exposure to any person who has a suspected or confirmed case of COVID-19. The undersigned acknowledges both known and potential dangers of utilizing the facilities and programs of Pinnacle Athletic Campus and releases Pinnacle Athletic Campus from all liability regarding COVID-19.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

I HAVE READ THIS RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This is to certify that I am the parent or guardian of the minor Participant named above, having legal responsibility for this minor, and I do hereby consent (with the approval of my spouse, if any) to the minor's participation in the Activities and agree to the Release of Liability as provided above and hereby make and enter into each and every representation, certification, waiver, release, assumption and indemnity described above in the Release of Liability on behalf of myself, the minor, any other parent or guardian of the minor, and our heirs, assigns, personal representatives, and next of kin.

I agree to give up my rights, the minor's rights, and the rights of any other parent or guardian to maintain any claim or suit against Releasees arising out of the minor's presence or participation in the Activities. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THESE WAIVERS AND RELEASES, and I agree to indemnify and defend the Releasees for all liability arising out of any lack of authority on my part to make such waivers and releases.

Parent Signature: _____ Date: _____