

Health Care Authorization and Release of Liability

Your registration is not complete until KAAC receives this form and your \$385 payment.

Camper: _____

Camp to which this camper is applying: _____ High School or _____ Middle Grades

Address: _____

Street

City

State

Zip

Guardian: _____ Relationship to Camper _____

Address: _____

Street

City

State

Zip

Are there any activities in which your child cannot participate due to health reasons? If so, describe:

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The information I have supplied above, and in the online application, is complete and accurate. The camper named on this form, for whom I am guardian, has my permission to engage in all program activities, except as noted on this form. I hereby give permission to the health care agent selected by the Camp Director to secure treatment for the child named above, which could possibly include emergency treatment, hospitalization, injections, anesthesia and/or surgery.

I hereby release the KAAC Board and staff, volunteers, employees, and any and all associated agents from any and all liability for any loss, injury or damage which has been or may hereafter be sustained by me or the child named above as a result of, or directly or indirectly related to, the KAAC Summer Camp, or any activities related thereto. I am well aware of the risks involved in this event, and I have taken and will take all necessary precautions to protect myself, the child named above, and others. By my signature below, I hereby agree to assume all risks or injury to myself, those accompanying me to, from and at the event, and the child named above, as a result of any and all activities in connection with this event.

Guardian signature _____ Date _____

Payment Information and Caveats

1. Please submit your \$385 registration fee with this form. **No application is considered complete until KAAC receives both this liability waiver and full \$385 payment.**
2. Your fee covers room, meals, t-shirt and all materials. Full payment, and this waiver, must be received by June 12 to retain your child's registration.
3. KAAC reserves the right to limit registrations from individual schools to ensure broad participation, and to reject registrations from students based on past behavioral problems. Behavior deemed unacceptable by the Camp Director will result in a camper being sent home at guardian expense.
4. Refund policy: 100% refund if request received prior to March 1; 75% if received before April 1; 50% if received before May 1; no refunds after May 1.

Return to:

KAAC-Summer Camp | 113 Consumer Lane | Frankfort, KY 40601 | Fax: 502.223.0430 | cclark@kaac.com