



The Ultimate Kids Summer Camp at The Falcon Nest

Camp Details/Waiver and Release

Important Details

- Address: 4823 Waxhaw Indian Trail Road Matthews, NC 28104
 - Each camp day will be run by 2-3 Adults and 3-4 High School camp counselors (at least one adult per theme).
 - Please apply sunscreen prior to arrival. We recommend sending sunscreen with your camper to be re-applied throughout the day
 - Camp Director, Derek Durst, derek.durst@arborbrook.org
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Initial beside each statement, sign, scan and email to [Coach Durst](#) before the first camp begins.

_____ **Stipulations:** I understand and agree with the following Camp stipulations:

- **Price:** \$175 per camper per week.
- **Sibling discount.** Siblings participating in the *same camp week* receive a discount of \$25 off for 2nd child, \$50 off each sibling beyond 2nd child.
- **Payment.** Families will be billed when registration is closed. Arborbrook participants will be billed through FACTS. Non-Arborbrook participants will be sent a payment link by email.
 - **Waiver** must be submitted no later than **beginning of camp**.
 - Camp payments are **NON-REFUNDABLE**.
 - Payments must be made before camp begins
- **Late Pickup.** Drop off begins at 8:45 am and pick up begins at 12:45 pm. Any student picked up after 1:00 pm will incur a late pickup fee of \$15 per 15-minute interval after 1:00 pm.
- **Camper responsibilities.** All campers must come prepared.
 - Wear proper camp attire: play clothes and closed-toe athletic shoes with a back.
 - Bring a packed lunch and water bottle daily. A snack is provided.
 - Apply sunscreen prior to arrival. We recommend sending sunscreen with your camper to be re-applied throughout the day.

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____ **Release of Liability and Assumption Waiver:** In consideration of being allowed to participate in any way with ARBORBROOK CHRISTIAN ACADEMY-related events and activities, including, without limitation, classroom instruction, sports, group meetings and the like, the undersigned acknowledges, appreciates, and agrees that: The risk of injury and/or illness from the activities involved in the program is significant, and while particular rules, equipment, cleaning and personal discipline may reduce the risk, the risk of injury, serious illness and death does exist. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, now and in the future, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will immediately remove myself from participation and bring such to the attention of the nearest official I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS ARBORBROOK CHRISTIAN ACADEMY, its officers, directors, trustees, officials, agents and employees, other participants, landlord (Central Baptist Church), sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event (collectively, the "Releasees"), WITH RESPECT TO ANY AND ALL ILLNESSES OR DEATH incurred while on the grounds of Arborbrook Christian Academy or participating in any ARBORBROOK CHRISTIAN ACADEMY-related events and activities, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

ACKNOWLEDGMENT BY PARENTS AND/OR LEGAL GUARDIANS OF YOUTH PARTICIPANTS. I hereby state, agree to, represent and verify the following: 1) I am the parent or legal guardian of the youth participant(s) identified below, 2) that the rising grade of the youth participant is correctly stated below, 3) that, as parent/legal guardian with legal responsibility for this youth participant, I consent and agree to assume the risks of his/her contracting any disease or receiving any injury, or death, during or as a result of his/her participation in the Arborbrook Christian Academy programs; and 4) that I specifically agree to his/her release as provided herein of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to this youth participant's involvement or participation in these programs as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK WAIVER, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN BEHALF OR ON BEHALF OF THE YOUTH PARTICIPANT NAMED BELOW, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

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____ **Medical Release:** We hereby authorize our child(ren) or dependent(s) under the age of 18 to participate in summer camp with Arborbrook Christian Academy and, in case of need, consent to any representative of Arborbrook obtaining medical assistance in case of an emergency and signing on our behalf for any dental or medical treatment or emergency care deemed necessary while participating in athletics for same child or dependent. I release and discharge Arborbrook, its Board, employees, and agents from any liability for any first aid rendered or treatment performed pursuant to this consent.

Yes / No (Circle) Do you have personal health and hospitalization insurance?

Insurance Company _____

Group/Plan # _____ Member # _____

Child Information

Child Name(s) _____

Rising Grade(s) _____

Please circle the week(s) in which your camper(s) will participate:

Week 1, June 10-13 Week 2, June 24-27 Week 3, July 8-11

Week 4, July 22-25 Week 5, August 5-8

Dietary restrictions/Allergies _____

Physical Conditions _____

Emergency Contact: _____
(Name) (Phone) (Email)

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Authorized Pick-Up Person(s):	
Name	Relationship

Printed Parent/Legal Guardian Name:	
Parent/Legal Guardian Signature:	Date: ____/____/____