

**Court Camp 2012
Registration Application**



Please enroll my child in (**check one**)

- Session 1 (June 11-15) Session 2 (June 25-29) Session 3 (July 16-20) Session 4 (July 30-August 3)

PLEASE PRINT

Child's Name: _____
(First) (Middle) (Last)

Mother Name: _____
(First) (Middle) (Last)

Father Name: _____
(First) (Middle) (Last)

Home Address: _____

City: _____ State _____ Zip: _____ Child's Date of birth: ___/___/___

Mother Home Phone: _____ Cell: _____

Father Home Phone (if different from above): _____ Cell: _____

Mother Work Phone: _____ Father Work Phone: _____

Mother Email: _____ Father Email: _____

Person to contact in case of emergency: _____

Alternate emergency contact name: _____ Relationship: _____

Home phone: _____ Cell: _____

Any health problems or allergies?

Any medication to be taken during camp?

Medical Release

IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact parents or guardians of participants. In the event I cannot be reached, I hereby give permission to the physician selected by the Trial Court Administrator or designee to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child, as named above.

Parents'/Guardian's Signature Date

Child's Doctor: _____ Phone: _____

Hospital of choice: _____

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WAIVER AND RELEASE OF ALL CLAIMS

In consideration of permission granted _____, the child or children above named to use the facilities and equipment located on the premises of the Mecklenburg County Courthouse, WE AND EACH OF US do hereby waive and release discharge Mecklenburg County, The 26th Judicial District of North Carolina, The Trial Court Administrator's Office, Justice Initiatives, Inc., each and every owner of said premises, and each of the employees and officers and agents of Mecklenburg County, The 26th Judicial District of North Carolina, The Trial Court Administrator's Office, and Justice Initiatives, Inc., from all claims, demands, actions, judgments, executions which the undersigned or any of them ever had, now has, or may have, or which may arise, or which any of the undersigned's heirs, executors, administrators or assigns may or claim to have against Mecklenburg County, The 26th Judicial District of North Carolina, The Trial Court Administrator's Office, or Justice Initiatives, Inc, or its successors or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the use of any facilities or any equipment located on the premises of the Mecklenburg County Courthouse by the child or children named above, for any purpose whatsoever.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Child's Signature: _____ Date: _____

PHOTO PERMISSION

During camp activities, photos are sometimes taken. They may be used in publicity for the camp, such as newspaper and magazine coverage, or they may be featured in our camp brochure, annual reports, presentations, or on the AOC or Justice Initiatives, Inc. website. Not all children are photographed, and of those who are photographed, not all are necessarily featured in print or online. Please indicate below whether or not your child has permission to be included in the photos taken of camp activities. Of course, this is not a guarantee that your child's photo will be publicized. Please complete the form below by **initialing** one of the lines, then **sign** and **date** it to indicate whether or not your child may be photographed during camp activities and whether those photos may therefore be used in camp publicity. Campers' names will never be included with any pictures.

Child's Name: _____

___ Yes, my child named above may be photographed during camp activities and you have my permission to use any of those photographs in camp publicity and/or advertisements, on the AOC or Justice Initiatives, Inc. website, TCA and Justice Initiatives, Inc. social media websites, presentations, reports and/or publications.

___ No, my child may not be photographed during the camp activities.

Parent's Signature: _____ Date: _____

Please mail this registration application along with any requested documents and a check for \$50.00 made payable to Justice Initiatives, Inc. by **Monday, April 30, 2012 to:**

Trial Court Administrator's Office
Attn.: Court Camp
832 East 4th Street
Suite 4420
Charlotte, NC 28202