Medical Release Forms
All parents/guardians must complete a medical form for each camper they have participating in the Choo Smith Youth Empowerment Summer Camp.
These Medical Release Forms are mandatory for your child to participate at camp. All medical forms should be filled out printed and presented to your camp director on the first day of camp.
Thank You for your support and participation in the 2022 Choo Smith Youth Empowerment Summer Camp!!!!!



Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

Choo Smith Youth Empowerment cannot prevent you or your child(ren) from becoming exposed to contracting or spreading COVID 19 while attending Choo Smith Basketball training or Team choo Practice it is not possible to prevent against the presence of disease. Therefore, if you choose to attend the Choo Smith Training and enter Goal Baltimore premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID 19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID 19. I hereby choose to accept the risk of contracting COVID 19 for myself and/ or my children in order to attend Choo Smith Basketball and enter Garrison Middle School premises. Attending the training is such value to me and/ or to my children, that I accept the risk of being exposed to, contracting, and/or spreading COVID 19.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Choo Smith Youth Empowerment and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID 19 related to attending Choo Smith Basketball training at Garrison Middle School. I understand that this waiver means I give up my right but not limited to claims of negligence and give up any claim I may have to seek damages, whether know or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of MARYLAND will apply to this contract.

C:----

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOV E FOR MYSELF AND MY CHILD THAT IS PARTICIPATING IN THE CHOO SMITH BASKETBALL TRAINING

Signature:
Printed Name:
I am the parent or legal guardian of the minor named below. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.
Child's Name:
Child's Name:
Child's Name:



WELCOME TO CSYE CAMP 2022!

The following pages are the registration materials required to complete your registration. In addition to these forms, some jurisdictions require **additional forms** as outlined below to be in compliance with local licensing regulations.

	Please sign and date a Participant Waiver Form.		
	Medication Authorization Forms (if applicable) Inclusion Form (if applicable) Inhaler Authorization (if applicable)		
□ DC Su	mmer Camps	Virgini	a Summer Camps
	District of Columbia Universal Health Certificate		Identity Verification
	District of Columbia Oral Health (Dental Provider) Assessment Form		Commonwealth of Virginia School Entrance Health Form and Immunization Record.
	Travel & Activity Authorization		
	Authorization for Child's Emergency Medical	Maryla	nd Camps
	Treatment		Camper who reside outside of the US, a US
	Registration Record for Child Receiving Care		Territory or DC, must attach Department form
	Away from Home		<u>DHMH-896</u>

The Choo Smith Youth Empowerment seeks to make its' services available to all persons regardless of their ability to pay. Please call your local CSYE for details regarding the financial assistance / scholarship application procedures. The financial aid is made available due to generous Caring for Community contributors. Each year, members and program members like you donate to the Choo Smith Youth Empowerment Caring for Community Campaign to ensure that every child, adult and family in your area has access to quality child care, summer camp, and the opportunity for a healthy lifestyle, regardless of financial ability. If you wish to make a contribution to the Choo Smith Youth Empowerment 2022 Caring for Community Campaign, you may do so by asking at Member Services for a donation envelope, or online at Chooyouth.com.

Start Date:	End Date:	
	Please print in	nformation on form.



CAMP REGISTRATION FORM

Child's Information:					
Last Name:	First Name:				MI:
Nickname:	Gender: Fen	nale 🗌	Male Birth	Date:	Age:
Address:	City:				Zip:
Primary Phone #:			Full Privilege I	Member:	Yes 🗌 No
List Previous Child Care Centers / Schools	5:		Member #:		
School Attending:	School Phone #:				Grade:
Parent(s)/Guardian(s) Information:					
Parent/Guardian:		Birth Da	te:	Relationship:	
Address:	City:	_		State:	Zip:
Home Phone:	Work Phone:		Cell Phor	ne:	<u> </u>
Place of Employment:		Business	Address:		
Primary E-Mail:		<u> </u>			
(To receive program updates)					
Parent/Guardian:		Divelo Da		Dalatianahin	
	City	Birth Da	te:	Relationship:	7in
Address:	City: Work Phone:		Cell Phor	State:	_ Zip:
	work Phone:	Business		ie:	
Place of Employment:		- busiliess	Address:		
Primary E-Mail:					
(To receive program updates)		1 1			
Person or agency having legal custody:					
Address if different from above:					
Emergency Contact Information: (Must lis					
<u> </u>	n authorized Pick up	_			
	n authorized Pick up	Can o	nly pick up in	case of an Eme	
First Emergency Contact:				Relationshi	p:
Home Phone:	Work Phone:		Compan	y Name:	
Cell Phone:	_ Alternate Phone:		<u> </u>		7.
Address:	Cit	ty:	Sta	ate:	Zip:
Second Emergency Contact:				Relationship:	
Home Phone:	Work Phone:		Company	y Name:	
Cell Phone:	Alternate Phone:				
Address:	Cit	ty:	State	::	Zip:
Person(s) authorized to PICK-UP your ch	ild:			Relationship:	
Person(s) authorized to PICK-UP your ch				. Relationship:	
Person(s) NOT authorized to PICK-UP yo				Relationship:	
Person(s) NOT authorized to PICK-UP yo				Relationship:	
Please note: Annronriate nanerwork such as cus		tached if the	custodial narent		elease the child to t

Please note: Appropriate paperwork, such as custody papers, must be attached if the custodial parent requests not to release the child to the other parent.

Medical Information:						
Allergies or intolerance to food	, medication, or any o	ther substance:				
If an allergic reaction occurs, p	lease list steps to reli	eve reaction:				
Chronic physical, Behavioral or	Psychological problem	ns, pertinent dev	elopmental info	rmation, any special ac	commodation	ıs needed:
For special accommod		-	tion about your	camper, please comple	te an INCLUS	JON FORM.
,						
Please specify: If the camp is to administer	medications during th	e day, emergend	y or routine, ple	ase complete a MEDICA	ATION AUTH	ORIZATION FORM.
EMOTIONAL/BEHAVIORAL NEE Does your child have an IED?		ne questions bel	ow an inclusion	form must be filled out		
Does your child need any speci Is there anything that we need	al accommodations rel					
For campers residing in the Uni	ted States (or US terr	itory or DC); is t	he child exempt	from any immunization	is?	
☐ No ☐ Yes, please	see below and specify	<i>l</i> :				
PLEASE NOTE: MD CAMPERS: I record or immunity). VA CAM MCH213B or MCH213C form to attending camp in DC or VA mu	Who reside outside of PERS: Who are exempl hat states one or more	the US, a US To t from immuniza e of the required	erritory or DC, n tions, must subl d immunizations	nust attach Departmen mit either a "Certificatio may be detrimental to	on of Religio	us Exemption" or a
Child's Physician and Office Na	me:			Physicia	an's Phone:	
of Metropolitan Washington to o tests upon, the use of surgery o located immediately. It is also u she cannot be reached. I unders I/we will be responsible for payn Medical Insurance Provider:	n, and/or the administ nderstood that this a <u>c</u> tand that the provider	ration of drugs greement may o r will take every	to his/her child only cover those seeffort to contact	or ward if an emergency situations which are tru t me and/or my designa e covered by:	y occurs whe le emergenci	n he/she cannot be es and only when he/ ncy contacts.
Parental Agreements:						
The Choo Smith Youth Em arrange to have the child The parent/guardian agre any members of the imme except for life-threatening	picked up as soon as es to inform the Choo diate household has d	possible if reque Smith Youth Em eveloped a repo	ested by the Cho powerment with rtable communic	o Smith Youth Empowe	rment. t business da	ay after his child or
My child has permission to Empowerment program ac	o be transported by a	Choo Smith You	•	t vehicle and to particip	pate in all Ch	oo Smith Youth
4) My child has permission to5) The parent / guardian aut					d by Choo Sn	nith Youth
Empowerment staff. 6) I have received the parent agree to all blanket permi					d/be aware o	of ALL policies, and
Cancellation Policy: If fees have returned less the deposit. If fee the balance will be returned les begins then no refund will be gi	s have been paid out l s the deposit and an a	but cancellation	is made less tha	n two weeks before the	e start of the	e camp session
Brand of Sunscreen to be Admir	nistered:		Brand of Insec	t Repellent to be Admin	istered:	
Swimming Assessment:	Non-Swimmer (unable to swim/no swim instruction)	Beginner (some lim instruction	ited swim n)	Intermediate (average swimming ability)		Advanced (skilled swimmer)
All information on this form Medical Authorization and the	·				_	e Emergency

Parent/Guardian Signature: ______ Date: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Choo Smith Youth Empowerment OF METROPOLITAN WASHINGTON ("Choo Smith Youth Empowerment") PARTICIPANT WAIVER FORM

ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the Choo Smith Youth Empowerment programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports

programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the Choo Smith Youth Empowerment and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, horseback riding, archery, field trips, waterfront and pool activities, canoeing/boating, campfires, hiking, high ropes and other challenge courses, or any other activities, classes, events, or programs at and/or sponsored by the Choo Smith Youth Empowerment. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at the Choo Smith Youth Empowerment and/or sponsored by the Choo Smith Youth Empowerment.

I also acknowledge that the Choo Smith Youth Empowerment often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

RFIFASE

In consideration of the Choo Smith Youth Empowerment allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the Choo Smith Youth Empowerment and/or sponsored by the Choo Smith Youth Empowerment, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the Choo Smith Youth Empowerment and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of the Choo Smith Youth Empowerment and its employees, agents, or representatives or from some other cause. My agreement to release the Choo Smith Youth Empowerment does not include any loss, damage or injury that results from the Choo Smith Youth Empowerment gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the Choo Smith Youth Empowerment and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

INDEMNIFICATION

I hereby represent and warrant to the Choo Smith Youth Empowerment that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the Choo Smith Youth Empowerment arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend the Choo Smith Youth Empowerment from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of the Choo Smith Youth Empowerment or from some other cause.

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

Signature of Participant or Parent/Guardian of Participant(s) under the Age of 18	Date
Name(s) and Age(s) of Participant(s) under the Age of	f 18, If Any