

# The Creative Campus School Break Camp Registration

Child's Name \_\_\_\_\_

Male  Female Birthdate \_\_\_\_\_ School \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_ Cell # \_\_\_\_\_

Town/Zip \_\_\_\_\_ Home # \_\_\_\_\_

Business Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_ Cell # \_\_\_\_\_

Town/Zip \_\_\_\_\_ Home # \_\_\_\_\_

Business Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Please select the days you would like your child to attend: (Branchburg and Bridgewater Raritan Spring Camp is 4/12-4/15)  
(Manville Spring Camp is 4/19-4/22)

April 12th

April 13th

April 14th

April 15th

(Please note 4/15 dismissal  
is at 3:30 PM)

April 19th

April 20th

April 21st

April 22nd

Method of payments: Cash, Check (made out to 'The Jointure'), or charge (Visa, MasterCard, and American Express) Credit Card#:

Exp. Date: \_\_\_\_\_

Cardholders Name: \_\_\_\_\_

Security Code: \_\_\_\_\_

*A \$5.00 Credit/ Debit Card fee will be applied to any charges on Credit Card or Debit Cards*

Total Amount to be Charged \$ \_\_\_\_\_

Are there any allergies or medical conditions our staff needs to be aware of?

Yes  No If yes, please explain: \_\_\_\_\_

**(Children with lifesaving medication must provide an Action Plan, Permission Form and medication)**

I hereby agree that the Jointure administration and the physicians selected, in an emergency, take whatever action is deemed necessary in my child's best interest.

Parent/Guardian: \_\_\_\_\_

Are there any parental legal custody issues that could prevent your child from participating in our program (i.e. weekend parent visitation, shared custody orders, restraining order, etc.)?

Yes  No If yes, please explain: \_\_\_\_\_

## Waiver, Release, Indemnification and Hold Harmless Agreement

I understand that the Jointure activities have inherent risks and in consideration for my child's participation in Jointure programs, I hereby assume all risks and hazards incident to participation in all Jointure activities. I further waive, release, absolve, indemnify and agree to hold harmless the Jointure, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my child's participation in Jointure programs.

**I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

Please check the boxes that you give permission for:

Photo  Video  Website  Facebook  Instagram

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please mail or bring registration form with payment to:

The Creative Campus, 580 Old York Road, Branchburg, NJ 08876

If you would like additional information, please call The Creative Campus office at 908-722-1563