



Junior Counselor Volunteer Application

Date: _____

Applicant Name: _____

Age: _____ School: _____ Grade: _____

Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Email: _____

Emergency Contact: _____

Phone #: _____ Email: _____

Mark the weeks you are available to volunteer (camp is in session from 9am – 4pm, M-F):

<input type="checkbox"/> Week 1: June 3-7	<input type="checkbox"/> Week 2: June 10-14	<input type="checkbox"/> Week 3: June 17-21	<input type="checkbox"/> Week 4: June 24-28
<input type="checkbox"/> Week 5: July 1-5	<input type="checkbox"/> Week 6: July 8-12	<input type="checkbox"/> Week 7: July 15-19	<input type="checkbox"/> Week 8: July 22-26

Do you have any experience working with kids? Yes No

If yes, please explain: _____

What kinds of activities do you enjoy doing for fun? _____

Applicant Signature: _____

Parent/Guardian Signature: _____

Summer Kids Camp Waiver and Informed Consent

Please fill out and submit form

I, as a parent/guardian of _____, hereby assume all risks and hazards incidental to the conduct and activities at Prescott Athletic Club. My child is fit for the program in which I have enrolled him/her. I HEREBY RELEASE AND SHALL DEFEND, IDEMNIFY AND HOLD HARMLESS RELEASEES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLEGE AGAINST RELEASEES (including reasonable legal fees and costs) AS DIRECT OR INDIRECT RESULT OF INJURY OR DEATH TO ME OR MY CHILD BECAUSE OF MY CHILD'S PARTICIPATION IN ANY PRESCOTT ATHLETIC CLUB PROGRAMS, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES ON MY BEHALF OR ON BEHALF OF MY CHILD REGARDING ANY CLAIM ARISING FROM OR RELATED TO MY CHILD'S PARTICIPATION IN ANY OF THE PRESCOTT ATHLETIC CLUB PROGRAMS.

I ACKNOWLEDGE THAT, BY SIGNING THIS DOCUMENT, I AM RELEASING PRESCOTT ATHLETIC CLUB, EMPLOYEES, CAMP COUNSELORS, VOLUNTEERS AND MEMBERS FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANT LEGAL RIGHTS. THIS SIGN UP AND RELEASE FORM IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES IN WHICH MY CHILD ENGAGES DURING THE SUMMER CAMP AT PRESCOTT ATHLETIC CLUB, REGARDLESS OF WHETHER SUCH ACTIVITY IS A PART OF A FORMAL PROGRAM. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AM AGREEING TO BY SIGNING.

Signature: _____ Date: _____

Printed Name: _____ Parent Guardian

Full name and age of Participant (please print): _____

Email: _____ Phone number: _____

Do we have parent/guardian permission to use pictures of your child(ren) for promotional literature, and/or the Prescott Athletic Club website?

Yes No

Initial _____