



Charleston Harbor Resort and Marina Children's Program Enrollment Form

Parent/Legal Guardian's Name

Room #

Arrival

Departure Date

Home Street Address

First Visit

Return Visit

City

State

Zip

Email Address

Cell/Pager Number

Child's Name

Nickname

Age

Birth Date

Do any of your children have any of the following conditions (If yes, please indicate which child)?

	Yes	No	Child's Name		Yes	No	Child's Name
Asthma	_____	_____	_____	Cold	_____	_____	_____
Hay Fever	_____	_____	_____	Pink Eye	_____	_____	_____
Sinus Problems	_____	_____	_____	Seizures	_____	_____	_____
Nose Bleeding	_____	_____	_____				

If you answered YES to any of the above, please provide further information:

Please describe any other conditions we should be aware of:

Is your child/children currently on any **medication**? If YES, please describe:

Please describe any **allergies** such as insect bites, stings, certain foods, etc:

Disclosure and Release of Liability

Read carefully before signing

The children's programs sponsored or provided by Charleston Harbor Resort and Marina, its subsidiaries, staff, employees, agents and vendors (collectively referred to as CHRM) involve a variety of recreational activities including, but not limited to, games, crafts, sports, swimming, group initiative problems and other potentially rigorous activities. In completing this enrollment form for _____ (child's/children's names) to participate, I accept and assume all risks of injury or disability from participation and I also understand that all reasonable care will be exercised to provide for the well being of my child. I *release* CHRM from any liability of any nature, including, but not limited to, claims of negligence, for any personal injury or property damage which may occur directly or indirectly from participation in children's programs. In addition, I authorize the use of any photos of my child (children) taken in conjunction with this program to be used for CHRM marketing purposes.

Movie Permission

My child(ren) _____ have my permission to watch PG rated movies.

Authorization of Emergency Attention

In the event I cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident, I hereby authorize CHRM, its subsidiaries, staff, employees, agents or vendors to take *my child/children* to a hospital selected by CHRM.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

Relationship to Child

* It is the CHRM policy that recreation staff cannot administer medication. Should your child need medication during an activity it will be the responsibility of the parent/legal guardian to collect the child and administer the medication.