



National Summer Camp Parent/Guardian Handbook

Congratulations on your decision to attend the Frozen Ropes Baseball and Softball Camps.

As you may already know, Frozen Ropes is a nationally recognized name in baseball and softball instruction and camps. Our training curriculum and success stories have been featured in Sports Illustrated, The New York Times, Baseball Weekly, ESPN and Newsweek.

To gain the most from your camp experience, you need to start preparing yourself for an exciting week of activity. Our days at camp are designed to teach you the latest in baseball/softball training and at the same time allow you to enjoy one of the nation's finest and most popular summer vacation spots. Days will be filled with skill development topics and game-situation stations coupled with competitive games to reinforce our skill work, which will be scheduled throughout the week. There will be time for individual work, team training and games. We will also spend some time at local attractions!

Our staff is trained and committed to making your child's summer camp experience an exciting and memorable one! Our instructors are knowledgeable and experienced in a variety of sports and are certified through the American Heart Association in First Aid, CPR and use of the AED machine. As required by New York State law, our camps are also licensed through the Orange County Department of Health.

Our top priority is to provide your child with the opportunity to experience a variety of sports in a positive, fun and safe environment. Our instructional staff will provide your child with every opportunity to improve their skills in a variety of sports and their overall physical fitness.

We encourage you to stop in and see the activities your child will be participating in and even join your child for lunch. Parents are always welcome to stop in and see what their children are raving about! All in all it will be a great week to remember. Be ready for plenty of baseball and softball, from morning to night each day and be ready to enjoy the fun and summer activities!

We look forward to seeing you soon and thank you for registering for the most recognized summer baseball and softball training camp in the country.

Enclosed, please find all the information you will need to help facilitate the camp experience travel as well as crucial forms that must be returned to us 4 weeks prior to the start date of camp. Please fill out and return the enclosed forms (starting on page 7) along with a copy of your child's Physical (no more than two years old) and Immunization Record to:

The Rock Sports Park
24 Old Black Meadow Drive
Chester, NY 10918
Phone: 1-877-846-5699
Fax: 845-469-6742
specialevents@frozenropes.com



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Summer Camp frequently asked questions:

Q: What should the players bring to camp?

A: .All personal items should be clearly marked with the player's name.

- Equipment for participation: glove, bat, helmet. Catchers bring catchers gear if you have it
- Baseball pants, shorts, t-shirts, sneakers and shower shoes
- Protective cups
- Sunglasses and water bottle
- Towels, toiletries, sunscreen
- Spending money, (suggestion: between \$75-\$100, for snacks and souvenirs)
- Laundry bag
- Players can also pack a book for optional reading time.

Additional valuables such as iPods, cell phones, TV's, walkmans, Gameboys, etc. increase risk for loss or stolen items. Campers are responsible for securing these items.

PARENTS MUST CLEARLY MARK ALL BELONGINGS WITH CAMPER'S NAME AND GROUP.

We will not be responsible for the loss of any personal property. Lost and found is located at the Camp Desk.

PLEASE PROVIDE YOUR CAMPER WITH A COMPLETE LIST OF ITEMS THEY ARE BRINGING AND WILL NEED TO BRING HOME WITH THEM.

Q: What should the players wear to camp?

A: Campers will be required to wear socks and sneakers every day. They will also need to wear appropriate clothing to play sports. Shorts, t-shirts, warm-ups, etc. are recommended. Campers are encouraged to wear clothing appropriate for athletic activities and the weather of that day. They should wear comfortable items that allow them to move around easily. This includes:

- Socks and sneakers – no bare feet, sandals, open-toed shoes or dress shoes
- Tee-shirt and shorts – no dresses or skirts
- Baseball cap or hat for sun protection
- You should send an extra set of clothing with your younger campers, just in case.
- Campers will also need to wear sunscreen on sunny days.

Sunscreen, Backpacks and Water Bottles: We recommend that you send your child with an inexpensive recycled water bottle or canteen. Please make sure to clearly mark your child's name and group on this water bottle.

Backpacks and other bags may be brought by the campers to hold their belongings. Make sure that the bag only contains the items that your child absolutely needs for camp (swim clothes, towels, sunscreen, etc). *Remove all toys, games and items that will not be used in camp. Again, we will not be responsible for the loss of personal property.*

Q: What is a typical day like?

A: The camp agenda will change throughout the week but players will participate in stations and drills along with fun in the sun activities in the morning. Players are divided by age and skill level for all stations and games. Lunch is usually at noon and players will be given water breaks throughout the day.



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WEEK SCHEDULE

Sunday	1:00-3:00pm	Overnight campers drop off
	3:00pm	Day campers drop off
	3:30pm	Camp Meeting
Mon-Fri	8:30am	Day campers drop off for camp
Sun-Thu	8:00pm	Day campers picked-up from camp
Friday	8:45am	Morning session
	11:30-12:00pm	Awards and Closing Remarks
	12:00pm	Camp Ends

A TYPICAL DAY

7:30-8:30am	BREAKFAST
8:45-9:30am	On-field strength and conditioning, yoga and meditation
9:30-11:15am	Skill development and station work
11:15-12:30pm	LUNCH
12:45-4:30pm	Afternoon group workouts, mini-sessions
4:30pm	DINNER
6:15pm	Evening mini-sessions and games

NOTES

- On-site camp games will take place in the afternoon and evening
- Free time is determined on a week-to-week basis.
- All activities are subject to change at the Director(s) discretion.

Q: What is the instructor/player ratio?

A: The maximum ratio will be 1 instructor for 10 players but is often lower.

Q: Can parents stay and watch?

A: Parents are more than welcome and encouraged to observe the camp activities. Parents are also invited to attend events such as our Awards Ceremony on Friday afternoons. Parents are strongly encouraged, but not required to attend to see their child get their weekly award.

Q: Are any of the instructors CPR/First Aid certified?

A: The senior instructor at each camp location is first aid and CPR certified. Also, many of the camp instructors are certified. First aid kits are available and the staff will have cell phones in the event of an emergency. We will have a Health Director on site during camp hours. All Senior Instructors have full background checks conducted prior to employment.

Q: Will the Frozen Ropes instructors apply sun screen?

A: No they will not. Under New York State Law, our staff cannot apply sunscreen. Parents are encouraged to put sunscreen on their children every morning before camp. It is recommended that campers bring sunscreen with them to camp to reapply. For younger players we will apply if asked to help. Please send in your own sun screen and sign a permission slip allowing our Coaches to apply sunscreen to your child before they participate in any outdoor activity. We will remind players to re-apply sunscreen a few times each day.

Q: Do you have Camp Policies and Procedures?

A: Yes, we have many camp policies and procedures and meet all state and local requirements per the Orange County Department of Health. You have the right to review our policies at any time.

The Rock Sports Park 24 Old Black Meadow Road | Chester, NY | 10918
Tel: 845-469-9507 Fax: 845-469-6742



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Q: Does Frozen Ropes have insurance?

A: Yes, we are fully insured for activity within our Training Center as well as activity out at camp locations. Insurance certificates are filed with the town.

Q: What if it rains?

A: In case of rain, campers will be moved indoors to our Fieldhouse.

Camper Conduct:

We work to maintain an atmosphere of mutual caring, respect, and understanding at the Summer Day Camp. Proper participation and conduct by your child is expected and includes the following rules:

- Respect others feelings and property
- Cooperate with each other
- Listen to your instructors
- Stay with your group
- No fighting, yelling, or cursing
- Tell an instructor if someone/something is bothering or upsetting you
- Clean up after yourself

Please discuss and reinforce these behavioral expectations with your child. Staff supervises all camp activities and helps children resolve conflicts and problems as they arise. Behavioral redirection is seen as an opportunity for learning and approached accordingly. However, if a child continually disrupts the program, or poses a safety risk to himself/herself, or others, then a written behavior notice will be sent home to the parents explaining the issue to be addressed.

The Rock Sports Park has no expectations of having discipline problems with campers. However, in the event that there are any incidents, our procedure is as follows:

1. Acknowledgment by Coach to show awareness/displeasure in activity of camper.
2. Verbal Warning by coach asking camper to stop inappropriate activity.
3. Short time-out. (5 minutes)
4. Longer time-out. (15 minutes)
5. Camp Director conference with camper.
6. Phone call to parent **from camper**.
7. Camp Director/parent/camper conference.
8. Short suspension.
9. Camp suspension. (NO REFUND)

The following offenses may result in a camper calling a parent or guardian to come and pick them up. Parents/caretakers need to be available 24-hours a day. There will be no refund issued in the event that your child is sent home for one of the following disciplinary actions:

- Inappropriate and demeaning language/vocabulary such as cursing or being sexually explicit
- Harassing or hazing other campers
- Physical or verbal fighting
- Taking someone else's personal property without permission
- Leaving the group without permission or proper supervision
- Disobeying camp rules/policies on a continued basis

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Less serious offenses will be dealt with on a per incident basis. All campers are encouraged to follow the guidelines listed above. Keys to discipline include patience and respect for all persons involved. Discipline problems will be reported to the Camp Director immediately. Parents will be notified in the case of consistent problems with their son or daughter.

Verbal and physical bullying and hitting will not be tolerated. Any camper suspected of or caught bullying (verbally and/or physically) another camper will be asked to sit out from that activity and the campers' parents will be notified. A second offense will result in a dismissal from camp. Parents will be called and asked to come and pick up their child.

Any camper found smoking cigarettes on the grounds will be warned and the campers' parents will be notified. A second offense will result in a dismissal from camp. Parents will be called and asked to come and pick up their child.

Campers found with drugs or alcohol will be dismissed from camp immediately. Parents will be called and asked to come and pick up their child. Any camper suspected of drug and or alcohol abuse will be warned and their parents called. A second offense will result in dismissal from camp. Parents will be called and asked to come and pick up their child.

The Camp Director or designated staff will keep records of campers misbehaving, noting the day and time and camper/staff involvement. Records will be kept on file in the camp administrative office.

We reserve the right to suspend and/or dismiss the child from the program without reimbursement.

Health Director: The Rock Sports Park has a certified EMT on the premises every day that camp is in session. If your camper has a particular medical issue please make sure to visit her during the first week of camp. The EMT will help administer all medications and has a locked closet and refrigerator where all medications are stored. The Rock Sports Park has set procedures for all Staff to follow should a camper become ill or have an accident.

Medical Forms: The Orange County Department of Health requires that all campers have **completed registration packets, which include medical with immunizations indicated**, on file with the Camp Office. **Any child whose medical form is not fully completed or returned by the start of camp will not be allowed to participate in camp until all forms are provided.** The Rock Sports Park will not administer any type of prescription or over-the-counter medication without a doctor's written order. Please make sure all medications are clearly labeled.

Camp Nuts and Bolts

ROOMMATES (Double occupancy)

Roommates will be assigned based on age and giving preference to those campers who indicated a selection on the application. *Due to fire code regulations triple room assignments will not be given.*

Room keys need to be turned in to the floor counselor on the last day of camp. Your child is responsible for turning in his own key. Do not rely on someone else to do it! If campers do not return their keys they will be charged a \$40.00 lock change fee.

ATTENDING MORE THAN ONE WEEK

We will NOT be able to accommodate stay-overs. Should you want to stay between camps you will have to make your own accommodations, however, we will help in anyway possible.

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ACCOMODATIONS (For family, call early to ensure reservations)

Holiday Inn Express (845) 469-3000 78 Brookside Ave, Chester, NY
Hampton Inn (845) 782-9600 43 Crescent Place, Monroe, NY

EMERGENCY TELEPHONE NUMBERS

- Emergency: Dial 9-911 from any in-house phone
- Frozen Ropes Camp Director: (877)-846-5699
- Frozen Ropes Training Center: (877)-846-5699

DIRECTIONS

From NYC, Westchester and Connecticut:

- Take the **NY State Thruway (87N)** (From Westchester and CT over Tappan Zee Bridge. Bridge toll.)
- Take exit **16** toward **Harriman/US-6/State Hwy 17** (Toll road)
- Follow signs for **RT-17 W**
- Take exit **127** for **Greycourt Rd.** toward **Warwick**
- Turn **left** at **Lehigh Ave.**
- Slight **right** at **Brookside Ave/Route 17M W/RT-17M**
- Turn **left** at **Highway 13/Kings Hwy.**
- Turn **right** at **Leone Rd/Leone Lane**
- Turn **left** at **Black Meadow Rd.**
- The Rock is on the left.

From Upstate NY, Middletown, Newburgh and Goshen:

- From **Route 84**, take exit **4E** for **State Hwy 17E** toward **New York**
- Merge onto **Rt-17 E**
- Take exit **126** for **State Hwy 94** toward **Florida/Chester**
- Turn **right** at **Route 94/RT-94/Summerville Way** (signs for FLORIDA)
- Turn **left** at **Nucifora Blvd.**
- **Nucifora Blvd.** turns **left** and becomes **Elizabeth Drive**
- Turn **left** at **Leone Lane**
- Turn **right** at **Black Meadow Rd.**
- The Rock is on the left



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PLAYER REGISTRATION (NEW YORK)

Circle your sport: BASEBALL SOFTBALL

Session date: _____ Circle one: OVERNIGHT DAY

Camper Name: _____ Date of Birth: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Parent Name: _____ Parent(s) Telephone: _____

IN CASE OF EMERGENCY CONTACT: If your child requires off-campus medical services, such as prescription medications or emergency evaluation, they will be transported to the closest hospital. Payment will be the responsibility of the parent or guardian. Every attempt will be made to contact you concerning any serious illness or injury. Please indicate below two different, responsible people other than yourself who can be contacted in the event you cannot be reached.

1 Name _____
Daytime Phone: _____
Evening Phone: _____

2 Name: _____
Daytime Phone: _____
Evening Phone: _____

I understand that Frozen Ropes is not responsible for any medical or hospital fees or costs associated with the illness or treatment of my son. I agree to indemnify Frozen Ropes for any and all expenses related to the treatment of my child. The responsibility of Frozen Ropes is strictly limited. Frozen Ropes and its employees are not responsible for the willful or negligent acts and/ or omissions of any supplier of services, including, but not limited to, airline carriers, transportation services, hotels, and sports facilities. By agreeing to allow my child to participate in baseball/softball camp, I agree that Frozen Ropes shall not be liable for any accident, injury, illness, death, property damage, real or personal loss to my child in connection with any accommodations, transportation, or sports-related services, or resulting directly or indirectly from any occurrences beyond the control of Frozen Ropes, including, but not limited to, criminal, willful, or negligent acts of others, defects in vehicles, breakdown in equipment, strikes, theft, delay or cancellation, or change in itinerary or schedules. I assume all the foregoing risk and accept personal responsibility for any and all damages resulting from injury, permanent disability or death: and/ or damage to any personal or real property.

I release, waive, discharge and covenant not to sue Frozen Ropes, its administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsors, advertisers, and owners or leasers of premises used to conduct the event, all of which are herein after referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin or any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I understand that Frozen Ropes has the right, in its sole discretion, to discontinue my child's participation in the Frozen Ropes Summer Camp for any violations of its rules and regulations (see Code of Conduct form). This includes, without limitation, the right to send my child home at his or her own expense, in which event there shall be no refund from any unused portion of the trip.

I have read and understood this Registration form, and give my consent by signing below:

Name of Parent/Legal Guardian

Signature Date

If your child will be 18 years of age or older during the camp, they must also sign below as an indication of their consent to all of the above:

Signature of Player (if 18 or older)

Signature Date



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Permission to Travel or Leave Camp

Due to facility demands of and the possibility of inclement weather, it may be necessary to bus/van campers to facilities other than the ones at the primary camp site. In order for your child to participate, we need your consent.

I give permission for my child: _____ to travel with the Frozen Ropes Summer Camp Program to additional facilities. I further give Frozen Ropes permission to bus/van my child to other activities associated with the Frozen Ropes Summer Camp.

Name of Parent/Legal Guardian

Signature Date

Please complete the form below if your child is leaving camp with anyone other than a parent or guardian at any time during the camp day. It is required to have parental consent.

I give permission for my child: _____ to leave camp with on the following day(s)/date(s):

NAME of person picking up:

Day: Monday Tuesday Wednesday Thursday Friday
Time leaving:

NAME of person picking up:

Day: Monday Tuesday Wednesday Thursday Friday
Time leaving:

I have read and understood this form, and give my consent by signing below:

Name of Parent/Legal Guardian

Signature Date

If your child will be 18 years of age or older during the camp, they must also sign below as an indication of their consent to all of the above:

Signature of Parent/Legal Guardian

Signature Date



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Health Interview Form and Compliance with State Regulations

In order to be in compliance with Orange County Board of Health we require that you fill-out the enclosed Health Interview form completely. The form will then be sent to our Health Director for review. We will be informed of any and all relevant information as it pertains to your child's health. The above information is needed in order for your child to participate in camp. Return forms at least 4 weeks prior to the start of your child's camp. The Orange County Department of Health requires that you forward a photocopy of your child's last physical (no more than two years old) and immunization record.

Camper's Name: _____ Age: _____ DOB: ____/____/____

Parent/Guardian Name(s): _____

Primary Phone: _____ Work Phone: _____

Address: _____ City _____ State _____ Zip _____

Family Physician: _____ Phone: _____

Date of Last Physical: _____ Date of Last Tetanus: _____

Does your child have or ever had (circle Yes or No):

Birth Defects	Yes	No	Chest Pains	Yes	No
Palpitations	Yes	No	Hernia	Yes	No
Blood Disease	Yes	No	Absent or seriously injured	Yes	No
Lung Disease	Yes	No	Asthma	Yes	No
High Blood Pressure	Yes	No	Heart Murmur	Yes	No
Heart Disease	Yes	No	Impaired organs	Yes	No
Rheumatic Heart	Yes	No	Kidney Disease	Yes	No
Orthopedic Surgery	Yes	No	Diabetes	Yes	No
Hernia Repair	Yes	No	Appendectomy	Yes	No
Injuries to Head	Yes	No	Neurological Conditions	Yes	No
Dizziness, Fainting	Yes	No	Do you wear glasses?	Yes	No
Eye Problems	Yes	No	Contacts?	Yes	No
Gastrointestinal Disease	Yes	No	Recurring Headaches	Yes	No
Epilepsy, Weakness, Paralysis	Yes	No			

Problems with shoulder, neck, arm, elbow, wrist, hand, knee, or back during athletic participation:
Yes No Describe: _____

Hospitalization Yes No Date: _____ Describe: _____
Surgery Yes No Date: _____ Describe: _____

Have you been under a physician's care for any injury or health-related condition?
Yes No Date: _____ Describe: _____

Dental Appliances (describe):
Orthopedic Appliances (describe):
Please describe any other medical conditions not covered:

Medications and food allergies:
Medication Allergy: _____ Dose: _____
Medication Allergy: _____ Dose: _____



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Food Allergy: _____

Food Allergy: _____

Medical Condition: _____

Insect Allergy: _____

Other pertinent information a physician should know: _____

Permission for Medical Treatment

Camper's name: _____

If your child requires off campus medical services, such as prescription medications or emergency evaluations, they will be transported to a local hospital. Payment will be the responsibility of the parent or guardian. In order to provide these medical services, the attending physician will require a permission to treat statement and insurance information. The Frozen Ropes Training Center Staff will contact you I the event of an emergency.

I, the parent/guardian of (child's name): _____ give permission for emergency transport and Medical treatment to be administered, I authorize the release of any medical information to the Frozen Ropes Training Center Staff. I also give permission for the Athletic Training Staff to administer over-the-counter medications, such as children's Tylenol.

Signature of Parent/Legal Guardian

Signature Date

Insurance Company: _____

Policy Number: _____

Authorization to Administer Medicine to a Camper

Camper Name: _____ DOB: _____

Name of Licensed Prescriber: _____

Business Telephone: _____

MEDICATIONS

1.) Name of Medication: _____

Dose: _____ Frequency: _____

Route of Administration: _____

Special Storage/Directions _____

Specific Precautions: _____

Possible Side Effects/Adverse Reactions: _____



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2.) Name of Medication: _____

Dose: _____ Frequency: _____

Route of Administration: _____

Special Storage/Directions _____

Specific Precautions: _____

Possible Side Effects/Adverse Reactions: _____

3.) Name of Medication: _____

Dose: _____ Frequency: _____

Route of Administration: _____

Special Storage/Directions _____

Specific Precautions: _____

Possible Side Effects/Adverse Reactions: _____

I, the parent/guardian of (child's name): _____ hereby authorize
The Rock Sports Park to administer, to my child (child's name): _____
the medication(s) listed above.

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

Medication shall only be administered by the health supervisor* or by a licensed health care professional authorized to administer prescription medications. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, there is written permission from the parent/guardian and the health care consultant approves in writing the administration of the medication.

When no longer needed, medications shall be returned to a parent of guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

*Health Supervisor: A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

Signature of Parent/Legal Guardian

Signature Date

Health Care Consultant Signature

Signature Date

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Health Memorandum

Name: _____

DOB: _____

This patient has been examined on:_____. Health history and immunizations have been reviewed. Physical examination is normal and patient is fit for competitive sports unless noted below.

Immunizations and Screening Test Results

Vaccine/Test	1	2	3	4	5
Hepatitis B					
DTaP					
Polio-OPV					
Polio-IPV					
HIB-HBOC					
Varicella					
MMR					
Td					
Rotavirus					
Hepatitis A					
Influenza					
Measles					
Mumps					
Chicken Pox					
Lead					
PPD					
CHOL/HDL					
Hemoglobin					

Height:_____ Weight:_____ Blood Pressure:_____

Medical Allergies:_____

Food Allergies:_____

Vision:_____ Postural Screening:_____

Necessary Medications:_____ Urinalysis:_____

Signature of Provider:_____ Date:_____

Name/Group Practice (Please type or print):_____

Phone Number:_____



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WAIVER

The waiver must be signed by all participants: In consideration of my camp participation, I, the undersigned, intending to be legally bound for myself, my Heirs, and Administrators, do hereby release any and all sponsors of this camp, coordinating groups, any individuals associated with the camp, and their representatives, successors and assigns, from any and all liability arising from illness or injuries I may suffer as a result of my participation. Also, none of the above are responsible for the loss of personal items nor any other form of aggravation in connection with said camp. I attest that my child is physically fit. I understand that my child may need emergency medical attention during the trip. I give my consent, in the event all reasonable efforts by coaches or employees of Frozen Ropes to contact me, my spouse, or my emergency contact person have been unsuccessful, for the administration of any and all treatment deemed necessary by a physician or any other qualified medical personnel or the transfer of my child to any hospital reasonably accessible. This authorization includes major surgery if deemed necessary by the treating physician. I agree to hold Frozen Ropes harmless for all efforts its employees or coaches make to obtain quality medical care of my child.

Child's Signature (eighteen and older)

Signature Date

Signature of Parent/Legal Guardian

Signature Date