

CITY OF CAMDEN SUMMER POOL REGISTRATION

Child's First & Last Name	M/F	Grade	Birthdate	Age
1.				
2.				
3				
4.				
Address:	City: Camden		State: NJ	Zip:
Social Security Number	Phone Number:			
Emergency Contact:	Email Address:			

PARENT(S) OR GUARDIAN(S) INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYER: _____ TELEPHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONSENT TO PARTICIPATE & COVID-19 ACKNOWLEDGMENT

The **CITY OF CAMDEN** offers the public the option to participate in the 2020 Summer Pool Program which is held on **CITY OF CAMDEN** property and other public and semi-public places accessible to large numbers of people on a daily basis.

Due to COVID 19 pandemic, individuals age 18 or older who wish to enroll themselves, their child(ren) or other dependent family member into the 2020 Summer Pool Program, or who seeks to volunteer in the 2020 Summer Pool Program, must complete, sign and return this Acknowledgment Form to the Department of Human Services Representative before participating in the 2020 Summer Pool Program. Enrollment and participation/volunteering in the 2020 Summer Pool Program are conditioned upon timely submittal of a completed Acknowledgment Form.

ACKNOWLEDGMENT

I/We acknowledge that I/We have been provided with, read and fully understand this Acknowledgment Form, the Center for Disease Control's ("CDC") Poster Follow these 5 Safety Steps, the CDC's Poster on Symptoms of Coronavirus (COVID-19), and the New Jersey Department of Health's ("NJDOH") information and guidelines regarding COVID-19 and Multisystem Inflammatory Syndrome in Children ("Pandemic Illnesses"). The CITY OF CAMDEN'S COVID-19 Pool Operational Prevention Plan" for 2020 is available for review.

I/We further acknowledge that the Pandemic Illnesses: (1) highly contagious and may cause serious permanent bodily injury, including death, of healthy persons of all ages; (2) are subject to changing recommendations on limiting risk of exposure and spread; (3) remain prevalent throughout New Jersey; (4) are highly likely to spread to persons in direct contact with or in close proximity to (within about 6 feet) an infected person; (5) believed by the CDC/NJDOH to spread by droplets produced into the air when an infected person coughs, sneezes, talks or otherwise moves air out through their nose and mouth, and from touching surfaces on which droplets containing the virus exist.

I/We further acknowledge that attending or participating in the 2020 Summer Pool Program poses an inherent and heightened risk of exposure, infection and bodily injury from the Pandemic Illnesses regardless of preventative measures taken by the **CITY OF CAMDEN**.

I/We further acknowledge that we will operate in accordance with the Guidelines of the CDC, the NJDOH and any Executive Orders issued by the New Jersey Governor Philip D. Murphy designed to prevent the spread of COVID-19. We acknowledge and agree to assume all risks and waive and release all claims for personal injuries and property damages arising from an accidental exposure to SARS-CoV-2, COVID-19, MIS-C and other Pandemic illnesses at the **CITY OF CAMDEN** facility/property.

This WAIVER does not supersede, circumvent or cancel the **CITY OF CAMDEN'S** Rules and Regulations for Pool Operations.

If any part of this WAIVER is found by a court of competent jurisdiction to be invalid, the remainder of this WAIVER shall nevertheless remain in full force and effect and the offending provision or provisions severed here from.

I/We _____ (hereinafter "I/WE"), acknowledge and represent that I/WE am/are the parents(s)/legal guardians(s) of youth listed on front of form.

Parent/Guardian's	Name (Print)	(Signature)	Date
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Child/Applicant's	Name (Print)	(Signature)	Date
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Child/Applicant's	Name (Print)	(Signature)	Date
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Child/Applicant's	Name (Print)	(Signature)	Date
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Child/Applicant's	Name (Print)	(Signature)	Date
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