

**The Made Different Foundation- Exposure Weekend  
Registration**

Participant's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone# \_\_\_\_\_

Current Grade \_\_\_\_\_ School \_\_\_\_\_

**Please list the first and last names of all adults with government issued photo ID that are authorized to pick up your child:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Parent/ Guardian Information**

**PARENT #1**

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

**PARENT #2**

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

**MEDICAL INFORMATION** *(Please Note: An Athletic Trainer will be on-site for the camp.)*

Medications Taken: \_\_\_\_\_

Allergies: \_\_\_\_\_

Insurance: \_\_\_\_\_

I give permission for the staff of the Made Different Exposure Weekend to call 911 for emergency treatment while attending the camp. YES - NO

Do you give permission for pictures of your child to be taken and published by the camp? YES - NO

**ALL PAYMENTS CAN BE MADE BY CASH APP, VENMO AND/OR APPLE PAY.**

**CASH APP - \$MFNPOP / VENMO - @SCSMITH0701 / APPLE PAY - 609-977-0311**

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**Liability Waiver**

I am aware that participating in this activity can be dangerous and involves risk of injury. I realize that participation in the above-mentioned activity presents risk, which includes minor or serious injury to any part of the body. These injuries could lead to temporary or permanent disability or even death.

While the possibility of serious injury to participants is unlikely, it is important that all participants realize that these risks do exist.

**PARENT/GUARDIAN AGREEMENT**

I also recognize and acknowledge that there are certain risks of physical injury inherent in the named participation in this program. I have received, read and understand the risks. I understand that I must obey all rules and regulations and follow all safety procedures and obey any and all instructors, assistant instructors and staff members assigned to the program. I understand the risk associated with this program, and I agreed to accept our responsibility.

I expressly agree that this agreement is intended to be as broad and inclusive as permitted by the Laws of the State of New Jersey and that if any portion of the agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect and be valid.

In consideration of the Made Different Foundation permitting me to participate in the previously mentioned program, the undersigned \_\_\_\_\_ hereby waive and relinquish all claims I (we) may have as a result of said person participating in the program against the Made Different Foundation, its agents and Trenton Catholic Preparatory Academy, its offices, agents, servants and employees from any and all claims for injuries including death, damage or loss of property which may accrue to us on account of the minor's participation in said program and we further agree to hold harmless the Made Different Foundation, its agents and Trenton Catholic Preparatory Academy, its officers, agents, servants, and employees from any and all such claims.

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

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

Date: \_\_\_\_\_

**THIS REGISTRATION CAN BE EMAILED BACK BY AUGUST 12TH.**