

Code Writing for Kids

Design Animation, Build Games, Create Interactive Stories. Build a love for technology that will last a lifetime!



Parental Consent Form

Student participant: _____ Date: _____

Parent/Guardian: _____

Parental Consent

I have been informed of, and am confident that I understand various aspects of the activities associated with the program, which include, but are not limited to, recreational activities, lecture presentations and experiments. I hereby give my consent for my son/daughter to participate in the full range of the program. **Initials:** _____

Release of Liability and Indemnification Statement

In consideration of the acceptance of my son/daughters entry into the Code Writing Kids Camp, I hereby agree, on my behalf and on behalf of my son/daughter, to waive, release and discharge any and all claims for damages, death, illness, personal injury or property damage which I or my son/daughter may have against Bay Area Tutoring Association, its directors, officers, employees, students and agents as a result of my son or daughter's participation in the program. I hereby agree that this Parental Consent shall be constructed in accordance with the laws of the State of California. I agree to defend, indemnify and hold harmless Bay Area Tutoring Association, its directors, officers, employees, students and agents from any and all liability, as described above, that may occur as a result of my son/daughter's participation in the program, but not to the extent that such liability is due to the sole negligence or wilful misconduct of Bay Area Tutoring Association. **Initials:** _____

Photograph/Video Release

I grant Bay Area Tutoring Association permission to copyright, use, reuse, publish and republish any photograph/video taken of my son/daughter by BATA or those commissioned by BATA. This right applies to any reproductions in any form, used alone, in a composite or with any printed matter or advertising copy, for any purposes of trade, advertising, publicity, promotion or education, without restrictions or limits. I release BATA and its agents from liability resulting from any distraction, blurring or alteration, optical illusion or placement in a composite, intentional or otherwise, which may occur in the taking, processing, reproduction, publication, or distribution of such photo(s). I waive the right to approve the photo the photos or their usage. **Yes /No**

Initials: _____

Health Information

I certify that my son/daughter is adequately healthy to participate in this program and list below any medical problems (such as heart, epilepsy, allergies, asthma, prescription, etc.) or dietary restrictions of which BATA should be aware. **No written response will be interpreted as "No Health Concerns: Initials:** _____

Emergency Medical Treatment

In an event of a medical emergency, BATA and/or the staff is authorized to consent to any X-ray examination, anesthesia, medical, dental or surgical diagnosis or treatment, and hospital care that is deemed necessary for the safety and protection of my son/daughter. **Yes/No Initials:** _____

Emergency Contact: _____ **Relationship:** _____ **Phone Number:** _____

I HAVE READ THIS CONSENT FORM AND UNDERSTAND ITS TERMS. I EXECUTE THIS CONSENT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Printed Name of Parent/Guardian: _____ Signature: _____

NOTE: PARENTAL CONSENT FORM MUST BE COMPLETED AND EMAILED TO REGISTER@CODEWRITINGKIDS.COM PRIOR TO THE FIRST DAY OF CAMP.