



Summer Camp 2016

Student Registration Form, GCHS

Student Information

Student Name _____ Date of Birth _____
Gender _____ Current School _____ Grade for 2015-2016 school year _____

Parent/Guardian Information

Name _____ Relationship to Student _____
Address _____
City | State | Zip _____
Cell Phone _____ Work Phone _____
Email Address for Confirmation _____

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Address _____
City | State | Zip _____
Cell Phone _____ Work Phone _____
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Camp Registration: Choose the desired week from the list below.

Date of Registration _____
_____ July 11-16 (9 AM – 1 PM)

Payment: Fee due at time of registration. Make checks payable to GCHS or see the front office for credit or cash payment. Online registration also available: www.southcoeducation.net

_____ Regular Registration (by July 8th): \$135

_____ Late Registration (by July 11th): \$145

Medical and Other Information

Emergency Contact of ONE person to be called in the event that we cannot reach either parent/guardian.

Name _____ Relationship to Student _____

Address _____

City | State | Zip _____

Cell Phone _____ Work Phone _____

Medical Information

Please list all allergies, current medication(s), vitamins, inhalers, etc. Please note that if your child requires an emergency allergy kit (ie. EpiPen, bee sting kit, or inhaler, etc), you must supply medication labeled with child's name and detailed instructions on our Permission to Administer Medication form to the summer camp director prior to your child's attendance. Kits are returned if unused. _____

Doctor's Name _____ Doctor's Phone _____

Medical Insurance Provider _____ Policy # _____

Additional Information

Authorized Person for pick-up (in addition to parents/guardians and emergency contacts):

Name _____ Phone _____

Parent Affirmation & Authorization

I affirm that the above information is accurate and correct to the best of my knowledge. I also authorize that my child, _____, has permission to fully participate in SouthCo Education's Think it Up Summer Camp activities during the 2016 summer term.

Signature Parent/Guardian

Date

Parent Authorization

Please read and sign this form, stating your agreement to allow your student to participate in the summer camp.

Permission & Liability Waiver:

My child, _____, has permission to fully participate in SouthCo Education’s Think it Up Summer Camp activities during the 2016 summer term. I, as parent/legal guardian, do hereby grant the SouthCo Education staff and designated adults the right to authorize emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to hold harmless SouthCo Education and GCHS and its agents from liability resulting from an accident. The Georgia Good Samaritan Law will apply.

I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include, but are not limited to, the following:

1. In a life-threatening emergency or urgent situation, staff will call 911 before making any attempt to contact parents.
2. For a non-life-threatening emergency, we will attempt to call the parent/guardian first, and if we cannot reach them, we will attempt to contact the Emergency contacts listed on the Emergency Information form. If we cannot make an appropriate contact, we will call paramedics or the child's health care provider.

I understand that SouthCo Education, its staff, and GCHS will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian’s failure to provide information at the time of enrollment. I understand that staff will not administer drug or medication without specific written & signed instruction from the health care provider and/or the child's parent/ guardian.

Enrollment for your child in SouthCo Education’s Think it Up Summer Camp Program constitutes your agreement to this waiver.

I understand that all Emergency Information on the Emergency Form must be completed before my child may attend camp. I have read and understand all policy and procedural information, including discipline, health, payment, and cancellation policies.

Signature Parent/Guardian 1

Date

Signature Parent/Guardian 2

Date

Print Name Parent/Guardian 1

Print Name Parent/Guardian 2

Publicity Release Form (optional): I authorize SouthCo Education to use a photograph or other image of my child for public relations purposes connected to this summer camp program and future programs associated with SouthCo Education. I understand that my child’s name will not be published with an image.

Signature Parent/Guardian 1

Date

Signature Parent/Guardian 2

Date