

2019 Great Outdoors Summer Camp Program

CHILD INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last	First	Middle	Date of Birth (mo/day/year)

PARENT(S)/GUARDIAN(S) INFORMATION

<input type="text"/>	<input type="text"/>	
Last	First	
<input type="text"/>	<input type="text"/>	
Last	First	
<input type="text"/>		<input type="text"/>
Home Address		Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Information	Cell Phone	Work Phone
		Email Address

PICK-UP AUTHORIZATION

Please list, in order of preference, all persons, (including yourself, and, if applicable, the child's other parent/guardian) who are authorized to pick up your child. Your child will not be released to anyone not on this list. Any changes to this list may be made in person. Anyone on the list must be at least 16-years-old. I authorize the people named below to pick-up my child from Indiana Montessori Academy's Earth: An Exploration Summer Camp Program.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Pick-Up Name	Cell Phone #	Work Phone #	Home Phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Pick-Up Name	Cell Phone #	Work Phone #	Home Phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Pick-Up Name	Cell Phone #	Work Phone #	Home Phone #

HEALTH HISTORY/INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Allergies	Current Medications	Operations OR Serious Injuries	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Condition OR Special Needs	<input type="text"/>	Dietary Restrictions	Last Immunization Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physician's Name	Phone Number	Dentist Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Hospital (if emergency warrants child will be taken to the closest hospital to the location of the injury)	<input type="text"/>	Insurance Policy	Policy OR Group #

CAMPER'S INFORMATION (may include multiple children)

CAMPER'S NAME (FIRST & LAST)	BIRTHDATE (mo/day/year)	CAMP WEEK or SESSION	HOURS at CAMP	CAMP NAME	FEE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PAYMENT

Partial payment plan: 50% non-refundable down payment for each camp week; remaining balance due June 1, 2019. Submit payment and registration form (both pages) to:

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(continued)

PARENT AUTHORIZATION, WAIVER and RELEASE

CHILD'S PHYSICAL CONDITION AND EXPECTED BEHAVIOR: I hereby declare my child to be physically sound, having medical approval to participate in the activities of Indiana Montessori Academy's Summer Camp Program. This health history is correct so far as I know, and my child has permission to engage in all prescribed program activities except as noted in the special needs section above. I understand that it is my responsibility to promptly notify my child's site supervisor in writing of any changes in my child's health. I certify that my child is amendable to discipline and free from habits or attitudes which would make him/her an undesirable participant.

PHOTO & VIDEO PERMISSION: Photos and video footage are periodically taken of participants at Indiana Montessori Academy. Please be aware that these photos and video footage are the property of Indiana Montessori Academy and will be used in the school's publications, website and video productions unless you elect not to give permission for the use of your child's likeness. I consent to such uses and waive any rights of privacy or publicity I may have in connection with those uses. Failure to complete this section will be considered permission. NO PERMISSION

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel attending to my child to order X-rays, routine tests and treatment for my child, and, in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

RELEASE AND WAIVER: In consideration of my child's participation in the activities of Indiana Montessori Academy's Summer Camp Program and acknowledging that risk of injury exists.

I HEREBY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS THE EMPLOYEES AND VOLUNTEERS OF INDIANANA MONTESSORI ACADEMY from any and all claims or liability for personal injury or property damage my child or I may suffer directly or indirectly arising out of or relating in any respect to participating in Indiana Montessori Academy's Summer Camp Program. This waiver and release of all claims, demands, action, and liability shall include, without limitations, any injury, damage or loss to person or property which may be (a) caused by any act, or failure to act, by Releasees even if said injury, damage, or loss results from the negligence of any or all of the above-identified Releasees or (b) sustained by my child before, during or after Indiana Montessori Academy's Summer Camp Program. I agree to indemnify and hold harmless Releasees from all lawsuits, losses, damages, claims, and expenses, including attorney's fees and costs arising from or relating in any respect to my child's participation in Indiana Montessori Academy's Summer Camp Program or my breach of all terms and conditions contained in Indiana Montessori Academy's Summer Camp Program Registration Form. This provision will apply regardless of whether or not the lawsuit, losses, damages, claims, expenses, attorney's fees and/or costs arises out of the negligence of any of the Releasees.

The laws of the State of Indiana will govern any disputes or other matters relating to this Consent and Liability Release.

AGREEMENT

- To read Indiana Montessori Academy's Parent Handbook, so I am familiar with the policies and procedures of Indiana Montessori Academy's Summer Camp Program.
- That should my child's teacher/directress determine that my child cannot adjust to Indiana Montessori Academy's Summer Camp Program, my child may be denied care, and this agreement may be terminated with notification.
- That when my child is picked up or dropped off, by an authorized person, this person will make sure that a staff person is aware of my child's arrival or departure.
- To not send a sick child to the program. In the event that a child is severely injured, ill and/or contagious to fellow children, parents/guardians will be contacted via phone. Any medication (prescription and non-prescription) given at the program requires written permission.

I certify that I am the parent/legal guardian of this child and that I have authority to make the representations and grant the authorizations contained herein. I have read and fully understand the terms and conditions of Indiana Montessori Academy's Summer Camp Program.

Printed Name

Signature

Date