

2020 Winter Wonderland Winter 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"/>	<input type="text"/>	<input type="text"/>
Last	First	Cell Phone	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last	First	Cell Phone	Email Address
<input type="text"/>			
Home Address			

CAMPER'S INFORMATION (may include multiple children)

CAMPER'S NAME (FIRST & LAST)	BIRTHDATE (mo/day/year)	DAYS of CAMP	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"/>

PAYMENT

Payment and registration due by December 1, 2020.

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 Winter 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.

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 Winter 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 INDIANA 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 Winter 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 Winter 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 Winter Camp Program or my breach of all terms and conditions contained in Indiana Montessori Academy's Winter 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 IMA's Winter Camp Program.
- That should my child's teacher/directress determine that my child cannot adjust to Indiana Montessori Academy's Winter 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 Winter Camp Program.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed Name	Signature	Date