

CHECK-IN FORM

DATE: _____

Camper Name: _____ Camp Attending: _____

Camper Name: _____ Camp Attending: _____

Parent Name: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Initial the following 6 items:

The adults I have listed below are AUTHORIZED to pick up my child.

1. ___ I understand that adults authorized to pick up my child must present a valid photo ID

Name: _____ Relationship _____ Cell Phone: _____

Name: _____ Relationship _____ Cell Phone: _____

2. ___ PERMISSION TO PARTICIPATE: I, the undersigned, consent for my minor child/ward to participate in the programs sponsored by Johns Creek Arts Center and Fulton County. In consideration of my minor child's/ward's participation in the program I hereby agree to assume all the risks and hazards incidental to said participation and do further agree to release, absolve, indemnify and otherwise hold harmless Johns Creek Arts Center and Fulton County, its employees, administrators, agents and assigns and others who assist the above for any loss, damages, or personal injuries that my child/ward may receive as a result of such participation. I hereby agree to waive all claims against Fulton County, its employees, administrators and agents.

MEDICAL CONSENT: I understand that there are some risks inherent in the activities that are included in the Program, but willingly assume these risks in order to allow me, my child/ward to participate and I give permission for any emergency medical care or treatment by a physician, surgeon, hospital nurse, doctor's assistant, or medical care facility that may be required. The parent will be responsible for incurring all associated financial cost.

Peanut Policy: We make every effort to make our camps a safe environment for all of our campers to enjoy. There are many children that attend our camps that are highly allergic to peanut or nut products. We are requesting that you do not send your child to camp with any peanut or nut products. We greatly appreciate your cooperation.

Parent Signature: _____

Allergies/Medical Conditions: _____

Medication left with JCAC Staff: _____

All medicine should be clearly marked with the child's name and instructions.

- 3. ___ JCAC Camp may not be appropriate for children with known behavioral conditions. If a camper consistently disrupts the learning of other students, JCAC reserves the right to remove the camper from the camp program. A prorated refund will be issued.**
- 4. ___ BREAK TIME:** The morning break times are scheduled for 10:30 AM. Weather permitting, campers are provided with some outside time to eat their snacks. If you do not want your child taken outside during the day, please let their assigned camp instructor know.
- 5. ___ PHOTOGRAPHY:** Campers are often photographed to document JCAC camps and to generate images for use in promotional material and social media. If you do not wish for your child to be photographed, please notify JCAC office staff.
- 6. ___ PICK UP** must be made by 3:15PM unless your child is registered for after care. Fees will be charged for pick-up after 3:15 PM or after 6:00PM for after care: \$10.00 per child for the first 15 minutes and \$1 for each additional minute.