FRIENDS SCHOOL - DECATUR

Circus Camp - P.O. Box 1797, Decatur, GA. 30031 (404) 370-0001

Enrollment Form - Summer Camp 2017

Session - Circle choice(s): (1: June 5-9) (2: June 12-16) (3: June 19-23) (4: June 26-June 30)
(~~5: July 3-7~~) (6: July 10-14) (7: July 17-21) (8: July 24-28)
(Advanced Aerial: June19-30) (Extreme Magic: June 26-30)

Parent(s) Info

1st Parent Name:_____ **2nd Parent Name:** _____

Relation to camper _____ Relation to camper_____

Home Phone._____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone/Pager _____ Cell Phone_____

Family E-mail Address _____

Snail-Mail Address_____

City _____ State _____ Zip_____

Emergency Contact_____ Phone _____ Relation_____

Camper Info

Camper's Name _____ Date of Birth _____

Camper's Age (on first day of camp)_____ Gender_____ Grade _____

Camper's School _____

Health Info

Name & Phone # of your Pediatrician _____

Please list any activities that your child may NOT participate in _____

Please list any chronic illness/recurring medical condition, dietary restrictions or food allergies _____

_____

_____

Medication (parent please drop off at office with instructions)_____

Special Info

Do you have any special needs or requests for your child?_____

How did you hear about **CIRCUS CAMP** (Please specify name of source(s))

___Festival_____ ____Website _____
___School _____ ____Friend _____
___Camp Fair_____ ____Direct Mail _____
___Advertisement_____ ____Auction _____
___Show _____ ____Other_____

Please write any additional information you would like us to know about your child on back of sheet.

P.O. Box 1797, Decatur, GA. 30031 (404) 370-0001

Friends School
862 Columbia Dr, Decatur, GA 30030

Conditions of Enrollment & Enrollment Agreement

- My child(ren)'s health history is correct so far as I know, and the camper herein described has permission to engage in all prescribed camp activities except as noted.
- In the event that a parent cannot be notified, I hereby give permission to the doctor selected by Circus Camp to hospitalize and secure proper treatment for the camper listed. I agree to reimburse Circus Camp for any and all costs it may incur for the medical treatment of the camper.
- The camper, his/her parents or guardians agree to abide by the rules set by the camp as follows for the health, safety and welfare of the camp. The camp reserves the right to dismiss a camper whose conduct or influence is detrimental to the camp. If this becomes necessary, there will be no tuition refund. The Camp Director will consult with the parents before dismissing a camper.
- The camp is not responsible for articles of clothing or personal belongings lost or damaged. Please label all items. Do not bring valuables to camp. Instruments, or other performing props, may be brought to camp and stored in the facility; however, this is at the owner's risk.
- Campers are expected to remain on premises unless the camp's office is notified in writing.
- I consent to the use of any photographs or videos taken of this camper for advertising or promotion by Circus Camp.
- It is expressly understood by the parent/guardian of the camper for whom this reservation is requested that the camper is in a condition of health and soundness of body that warrant him/her undertaking a camping program as outlined in the camp literature.
- I understand that if I drop off my child(ren) before 9:45 a.m. I will be charged for Before care. If I pick up my child(ren) past 3:45 p.m., I will be charged for After care. Unscheduled drop in before and after care fees are $15.00 per care time. Pre-registration fee is $10.00 per care time. We ask that all child(ren) attending Before care be escorted in and signed in. By signing this form parents/guardians agree to pick up child(ren) no later that 6:00PM. ***In the event that I do not pick up my child by 6:00PM, I will be charged for and pay one dollar for every minute after 6:00PM that my child remains.***
- There are no refunds for t-shirts, before & after care or camp tuition.
- We provide a password every Monday in writing on the "Callboard". It is the responsibility of each parent/guardian to know this password and to notify anyone who is authorized to pick up your child of this password. We require that whoever picks up your child know this password for carpool and for AfterCare. The password changes each week.
- I acknowledge it is my responsibility to keep my child's record current to reflect any significant changes as they occur, i.e. phone numbers, emergency contacts, child's health status and who is authorized to pick up the child.
- I hereby enroll my child(ren) in Circus Camp. I have read this enrollment agreement, filled out the enrollment form including the health history, and agree to the conditions listed. I agree to abide by the written policies and procedures of Circus Camp. We agree to keep you informed of any incidents, such as illness or injury which involve your child.
- I am aware that my balance is due by the Friday before Memorial Day. Credit card registrations will be automatically charged on this date. There will be no refunds whatsoever after this time. We do encourage you to return your balance with this form.
- If you would like to make a donation to our scholarship fund, please make out a separate check and mark "for scholarships". All contributions are tax deductible.

PLEASE MAKE ALL CHECKS PAYABLE TO: **Circus Camp**

Mail this signed form with payment to : Circus Camp - P.O. Box 1797, Decatur, GA. 30031

I understand that the 50% deposit and T-shirt fee is non-refundable. Please be advised that we hire staff according to registrations and deposits paid. I have read and understand and agree to all "Conditions of Enrollment" and all other information on this form.

_____

Signature of Parent Parent Name (Please Print) Date

For Session(s): _____

_____

Camper(s) Name(s) (Please Print)

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of J. Madibel, Inc., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "JM"), I hereby agree to release, indemnify, and discharge JM, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I acknowledge that participation in a circus camp entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: circus activities involve certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, circus students would not improve their skills, and the enjoyment of the activity would be diminished. Circus training exposes its participants to the usual risk of cuts and bruises. Other more serious risks exist as well. Participants can fall, sustain sprains and strains, and can suffer more serious injuries as well.

Furthermore, JM employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give incomplete warnings or instructions, and the equipment being used might malfunction

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless JM and The Friends School from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of JM's equipment or facilities, including any such claims which allege negligent acts or omissions of JM.

4. Should JM or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against JM, I agree to do so solely in the state of Georgia, and I further agree that the substantive law of Georgia shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against JM on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Parent or Participant _____

Print Name _____ Date _____

Address _____ Phone _____

For Session(s): _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of ("Minor") _____(print minor's name) being permitted by JM to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless JM from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Signature, Parent or Guardian: _____

Print Name: _____Date: _____