

**SUMMER DAY CAMP 2009**

**BARROW COUNTY LEISURE SERVICES REGISTRATION FORM**  
**175 Second Street, Winder, GA. 30680 (P) 770-307-3024 (F) 770-867-1039**  
**www.barrowga.org/recreation**

Parent/Guardian's Name (Please Print) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Best Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to Participant \_\_\_\_\_ Phone Number \_\_\_\_\_

Participant Name	Birth Date	Age	Sex	T-Shirt Size Circle one
1.				Youth: S M L Adult: S M L XL XXL
2.				Youth: S M L Adult: S M L XL XXL
3.				Youth: S M L Adult: S M L XL XXL

Check all weeks that your child(ren) will be attending during Summer Camp.

Participant Name	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8
1.								
2.								
3.								

Please list any Medical Conditions we need to be aware of: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Refund Policy:** A refund will not be given without a justifiable request. Refunds or credits will not be granted after the first date of competition. If you request a refund at least 3 business days before the session begins, you will have two options: (1) Receive an immediate credit for the full amount towards your next registration fee; (2) Receive a refund, minus a 20% administration fee within 10 business days of your request in writing. A credit will be issued in the event an activity cannot be completed due to a documented medical problem. The amount of credit given will be at the Director's discretion. If the participant withdraws due to injury after the first date of competition, a refund will be prorated.

**Returned Check Policy:** Any check returned due to insufficient funds will be turned over to a collection agency.

**PLEASE READ AND SIGN THE WAIVER OF LIABILITY STATEMENT BELOW**

In consideration of your accepting this entry, I hereby, for myself, my child, my heirs, executors and administration, waive and release any and all rights and claims for damages I or my child may have against the Barrow County Leisure Services Department and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I understand that my child/ward or I may be photographed while participating in the above program(s). I give my permission for photos or videotape of my child/ward or me to be used to promote Barrow County Leisure Services and that such photos and video will be the property of Barrow County Leisure Services.

Participant or Parent/Guardian: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Birth Certificate: Y N Payment: \$ \_\_\_\_\_ Type: \_\_\_\_\_

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**Parent/Guardian Affirmation of Knowledge and Receipt of the  
"Parent Handbook"**

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I, \_\_\_\_\_ (parent/guardian), acknowledge the receipt of the 2009 Summer Day Camp Parent Handbook and affirm that I have reviewed and confirm the information herein.

I further acknowledge that following my review of this information, any questions or concerns that I had have been answered by the Barrow County Leisure Services Staff.

As a parent/guardian of \_\_\_\_\_ (Summer Day Camp participant), I agree to adhere to the outlined policies and procedures set forth in this publication.

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**Late Pick-up Policy**

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Day Camp Closes at 5:30pm. Parents whose children remain past 5:30pm will be charged a \$1.00 per minute late fee that must be paid within 24 hours. Late fees begin at 5:31pm.

After three times of being in violation of this policy, parents will be asked to find an alternative summer day camp. (This is flexible based on circumstances.)

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**Parental Consent Form - Field Trips**

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I, the undersigned give permission for my child to attend and participate in all planned Day Camp field trips with the Barrow County Leisure Services Department. Furthermore, I give permission for my child to ride in the Barrow County Leisure Services Department van or bus to and from these field trips.

I, the undersigned parent/guardian of \_\_\_\_\_, a minor, do release, acquit, discharge and covenant to hold harmless the Barrow County Leisure Services Department, staff personnel and chaperones, from any and all actions, damages and/or liabilities arising out of the above trips.

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Parent/Guardian Signature

Date