

**Ebenezer United Methodist Church Preschool Intercession Day Camp
Registration Application**

Application Date _____

Child's Full Name _____ Goes by _____

M F Birth Date _____ Age _____

Child's Home Address _____

City _____ State _____ Zip _____

Child's Living Arrangements Both parents Mother Father Other

Child's Legal Guardian Both parents Mother Father Other

Mother's Name _____ Mother's Email _____

Mother's Address (if different from child's) _____

City _____ State _____ Zip _____

Mother's Cell Phone _____ Mother's Home Phone _____

Mother's Employer _____ Mother's Work Phone _____

Mother's Employer's Address _____

City _____ State _____ Zip _____

Father's Name _____ Father's Email _____

Father's Address (if different from child's) _____

City _____ State _____ Zip _____

Father's Cell Phone _____ Father's Home Phone _____

Father's Employer _____ Father's Work Phone _____

Father's Employer's Address _____

City _____ State _____ Zip _____

Child's Physician _____ Physician Phone _____

(Please furnish a copy of immunizations within 30 days of enrollment)

List persons other than yourself and your spouse to whom we may release your child or call in case of an emergency and we are unable to reach you:

Name _____ Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone _____ Phone _____

Relation to child/parent _____ Relation to child/parent _____

Child's Name _____

Additional persons to whom we may release your child:

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone _____

Phone _____

Relation to child/parent _____

Relation to child/parent _____

List any persons who may **NOT** pick up your child _____

Persons to contact in case of an emergency and parent(s)/legal guardian cannot be reached:

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Please describe any physical problems or information we should know about: _____

Please list any allergies you child has: _____

Please list any medications your child is taking: _____

I verify the above information to be correct. I understand that I cannot register my child without appropriate age documentation, which is attached to this registration form.

Parent Signature _____

Date _____

**Ebenezer United Methodist Church Preschool Intercession Day Camp
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration of being permitted to enter EUMC Preschool for any purpose, including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned, for himself or herself and any personal representatives, heirs and next of kin, hereby acknowledge, agrees and represents that he or she has, or immediately upon entering will, inspect such premises and facilities. It is further warranted that such entry into EUMC Preschool for observation, participation or use of any facilities or equipment constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use. In further consideration of being permitted to enter EUMC Preschool for any purpose including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned hereby agrees to the following:

1. The undersigned hereby releases, waives, discharges, and covenants not to sue EUMC Preschool, its directors, officers, employees and agents (herein after referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment herein; and undersigned is in, or about the premises or any facilities or equipment therein; and
2. The undersigned hereby agrees to indemnify and save and hold harmless the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about EUMC Preschool whether caused by the negligence of the release or otherwise; and
3. The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of the releases or otherwise while in, about or upon the premises of EUMC Preschool and/or while using the premises or any facilities or equipment hereon.

The undersigned further expressly agrees that the foregoing releases, waiver, and indemnity agreement is intended to be as broad and inclusive as in permitted by the laws of the State of Georgia and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has read and voluntarily signs this release and waiver of liability and indemnity agreement, and further agrees that no oral representatives, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND ACCEPT THIS RELEASE

Parent Signature _____ Date _____

ADDITIONAL WAIVERS AND ACKNOWLEDGEMENTS

- EUMC PRESCHOOL does not provide Accident/Medical Insurance for program participants.
- I authorize EUMC PRESCHOOL to provide emergency treatment in the event that I cannot be contacted.
- I recognize that participation in EUMC PRESCHOOL activities may expose my child to some risk of injury. I agree to hold harmless from any claims for damage to any property or persons which may occur through participation in any activity at EUMC PRESCHOOL, or in its programs.
- I have read and understand the above information. My child has permission to participate in this EUMC PRESCHOOL program in accordance with the policies and procedures set for by EUMC PRESCHOOL. I understand that failure to sign all necessary documentation and agreements will result in not being able to participate in this program.
- I acknowledge that I have been informed that EUMC PRESCHOOL Day Camp program is NOT a licensed child care program. Day Camp is exempt from licensure by the Georgia Department of Early Care and Learning based on Rule 591-1-1-.46(1)(a) of the BFTS Child Care Rules and Regulations Manual.

Parent Signature _____ Date _____

Camp Director Signature _____ Date _____