



REGISTRATION FORM

Chastain Arts Center - Summer Camp 2010

135 West Wieuca Road, NW - Atlanta, GA 30342 - Phone: (404) 252-2927

Fax: (404) 851-1270 - E-mail: cac135@atlantaga.gov

To register, send the completed form along with the PARTICIPATION RELEASE & CONSENT FORM.

NOTE: We cannot accept personal checks or cash.

Child's Name: _____ Age & D.O.B: _____

Parent / Guardian: _____

Address: _____

City/State/Zip: _____

Phone: (home / other) _____ / _____

Emergency #: (if different) _____

E-Mail: _____

*Please provide your e-mail address, as reminder letters will be sent out by email only.

Name(s) of anyone authorized to pick up your child: _____

*Allergies / Special Needs: _____

*Please help us give your child a positive camp experience - - let us know if there are any physical or emotional issues, or stressful situations at home. The information will be confidential and will only be used by our staff to better assist your child. If you prefer to speak to a staff person, indicate the best phone # / time to reach you.

*Friend Request: _____

*You may request for your child to be placed in the same group as a friend. There is **NO GUARANTEE** that friends will be placed together. Groups are determined by age and no requests can be made once camp begins.

Class # : _____ **Age Group (Check One):** ___ Tater Tots (2-4) ___ Small Fries (4-6) ___ Spuds (6-12)

Week # : _____ **Week Title:** _____ **Week Dates:** _____

Total Fee: _____ / Paid By (Check One): ___ Visa ___ MC

Account Number: _____

Exp. Date: _____ Name on Card: _____

Signature: _____

***** When you register for a class you reserve a space in that class. Therefore, no refunds, credits or transfers can be issued after registration unless the class is canceled.**

FOR OFFICE USE ONLY:

Information verified by: (initials) _____ (date) _____

Entered in database by: (initials) _____ (date) _____

Payment Processed by: (date) _____ / M.O. / Bus. Check #: _____



PARTICIPATION RELEASE & CONSENT FORM

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I recognize and fully understand that there may be risks and/or damages associated with engaging in a recreational and cultural program that may result in personal injury or harm to me or my minor child/ward. I assume full responsibility for the participation of my minor child/ward in the activities for which my minor child/ward is registered and agree as follows:

PERMISSION TO PARTICIPATE

I, the undersigned, consent for my minor child/ward to participate in the programs sponsored by the City of Atlanta. In consideration of my 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 City of Atlanta, its employees, administrators, agents and assigns and others who assist the above, for any loss, damages or personal injuries that said child/ward may receive as a result of such participation. I hereby agree to waive all claims against City of Atlanta, 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 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.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMATION AND AGREE TO ASSUME ALL RISKS.

Name of Participant

Signature of Parent/Guardian

Date