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# REACH 180 Camp Registration Form

# Camper Information:

1. Camper’s Full Name:
2. Date of Birth: **/** / (MM/DD/YYYY)
3. Gender: [ ] Male [ ] Female [ ] Other (please specify: )
4. Address:
5. City: State: Zip Code:
6. Parent/Guardian Name:
7. Parent/Guardian Email:
8. Parent/Guardian Phone Number:
9. Emergency Contact Name:
10. Emergency Contact Phone Number:
11. Any allergies or medical conditions we should be aware of? If yes, please specify:

# Camp Outline:

* + **Session One** (June 9th – 12th): **Mind Mapping**
  + **Session Two** (June 16th – 19th): **Think BIG**
  + **Session Three** (July 7th – July 10th)**: Teen CERT**
  + **Session Four** (July 14th – 17th)**: Make Your Mark**

# Camp Selection:

Please indicate which camp session(s) your student will be attending\*:

* + Session 1: Dates: June 10th to June 13th (Cost for week $150)
  + Session 2: Dates: June 17th to June 20th (Cost for week $150)
  + Session 3: Dates: July 08th to July 11th (Cost for week $150)
  + Session 4: Dates: July 15th to July 18th (Cost for week $150)

Secure your student's summer adventure with our exclusive offer: Enroll for three weeks of camp and receive the fourth week free! Don't miss out on this special opportunity to save

$150 while ensuring your student's incredible summer experience.

*\*Please note that selecting and turning in your registration form does not guarantee your student a spot. The completion of this form, the paid registration fee, camp fees, and initial interview will all determine participant selection. Parents will be notified no later than June 1st of participant selection.*

# Media Release:

I give consent for my student's image and/or video to be used for promotional purposes by the summer camp. This may include but is not limited to printed materials, websites, social media, and advertisements.

Parent/Guardian Signature: Date: **/** /

# Transportation:

Camp starts *promptly* at 9am each morning at First Christian Church of Stockbridge, The Bridge, located at 102 Valley Hill Road, Stockbridge.

Drop off can begin no earlier than 8:45am and no later than 9:05am.

Transportation assistance is available. Will you need transportation assistance? (Yes/No)

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# Reach 180

# Summer Program

**Attendance Expectation**

Participation is four times a week Monday, Tuesday, Wednesday, Thursday, 9am to 3pm. The content of the program is a group process, so attendance is important to the integrity of the experience for ALL the participants. Unfortunately, when your student is frequently absent, they will not receive the full benefit of the program; this includes arriving late and leaving early. We will alert you each time to ensure that you are aware of your student’s absence or late arrival. Parents should notify camp staff as soon as possible if their student will be absent or arriving late or leaving early. Missing more than one day or arriving late or leaving early more than one a week will result in termination of services, and refunds will not be available. We understand that emergencies happen and are happy to extend grace where needed. Commitment to attendance is something that you and your student should discuss and agree to.

We ask that students are dropped off by 8:55am (if not before) at the camp site by a parent/guardian or any other authorized transportation personnel\*

**Parent/Guardian Signature Date**

*\*If transportation is a need, please ask the staff when submitting your application. Transportation assistance may be available.*

# REACH 180 PARTICIPANT RELEASE AND WAIVER OF LIABILITY

In consideration for the willingness of Crosswalk Ministries, USA, Inc., a Georgia nonprofit corporation, (the “Organization” or “we”) to accept the individual minor (“Participant”) whose parent or legal guardian is signing on their below (“Parent” or “you”), as a participant in its Summer program, and for other good and valuable consideration, the receipt and sufficiency of which are acknowledged, Participant and his or her Parent does freely, voluntarily and without duress execute the following PARTICIPANT RELEASE AND WAIVER OF LIABILITY (the “Release”) for and on behalf of him or herself and his or her heirs, successors, beneficiaries and assigns:

## Personal Information

Participant’s name: Age: Birth date: Address: City: State: Zip: Phone: Name of Parent(s): All Contact Phone Numbers: Email Address: Persons (other than above) to call in case of an emergency:

Name: Phone(s): Name: Phone(s):

## Health Information Necessary for Proper Care and Protection and Medical Release

Describe any health factor that we should know about, including food or medicine allergies:

Is Participant currently prescribed any medications? Yes No Please list medications, if yes:

Name of physician: Phone:

Circle **and initial** each OTC medication the Organization has permission to give Participant: Tylenol Ibuprofen Aspirin None

If a serious emergency should arise, it may be necessary for a physician to attend to Participant before the Organization can get in touch with you or your designated physician. Care can be provided only if you sign the following:

## Authorization for Medical Treatment & Parent Permission

I, (name of Parent) , by signing below hereby authorize that emergency medical and/or surgical care may be provided for my son/daughter, . PARTICIPANT AND PARENT EACH RELEASES, FOREVER DISCHARGES, INDEMNIFIES, AND HOLDS HARMLESS THE RELEASED PARTIES, AS DEFINED HEREIN, FROM ANY CLAIM, DEMAND OR CAUSE OF ACTION WHATSOEVER ARISING OUT OF OR RELATING TO ANY FIRST AID OR MEDICAL TREATMENT RENDERED TO PARTICIPANT IN CONNECTION WITH PARTICIPANT’S PARTICIPATION IN THE ACTIVITIES, AS DEFINED HEREIN.

Signature: Legal Relationship: Date: Insurance Company: Policy No./Health Record No.:

1. **Waiver and Release.** PARTICIPANT AND PARENT EACH RELEASES, FOREVER DISCHARGES, INDEMNIFIES, AND HOLDS HARMLESS THE ORGANIZATION AND ITS PRESENT AND FUTURE PARENT COMPANIES, AFFILIATES AND

SUBSIDIARIES, AS WELL AS THE DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS, SUCCESSORS AND ASSIGNS OF EACH OF THESE ENTITIES (EACH A “RELEASED PARTY” AND COLLECTIVELY THE “RELEASED PARTIES”) FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS AND CAUSES OF ACTION OF WHATEVER KIND OR NATURE, EITHER IN LAW OR IN EQUITY, ARISING OUT OF OR RELATING TO PARTICIPANT’S ACTIVITIES AT OR OTHERWISE RELATED TO THE ORGANIZATION, INCLUDING WITHOUT LIMITATION THE PROGRAM (THE “ACTIVITIES”), INCLUDING BUT NOT LIMITED TO ANY CLAIM FOR ANY BODILY INJURY, PERSONAL INJURY, ILLNESS (INCLUDING BUT NOT LIMITED TO THOSE RELATED TO COVID- 19), DEATH OR PROPERTY DAMAGE THAT MAY ARISE OUT OF, OCCUR DURING OR RESULT FROM THE ACTIVITIES, REGARDLESS OF WHETHER CAUSED IN WHOLE OR IN PART BY AN ACT OR OMISSION OF A RELEASED PARTY . Participant

and Parent each also understands that, except as otherwise agreed to by a Released Party in writing, the Released Parties do not provide any financial assistance of any kind, including but not limited to medical, health or disability insurance coverage for any participant in the Organization’s programs.

1. **Assumption of the Risk.** Participant and Parent each understands that the Activities are physical and may involve activities that may be hazardous to Participant and others involved and inherently dangerous risks, including but not limited to sprains and breaks, as well as potential exposure to employees, volunteers, or other individuals, including members of the public, who may be infected with COVID-19, and travel to and from locations where the Organization is having the Activities. PARTICIPANT AND PARENT EACH HEREBY EXPRESSLY AND SPECIFICALLY ASSUMES ALL RISK OF DAMAGE, INJURY, HARM OR DEATH IN CONNECTION WITH ANY OF THE ACTIVITIES.
2. **Opt-In or Opt-Out (please initial one). Transportation Release.** Participant and Parent each releases, forever discharges, indemnifies and holds harmless the Released Parties from any and all liability, loss, costs or expenses sustained or incurred because (a) Participant was injured, died or sustained property loss or damage while being transported by any of the Released Parties, or (b) because Participant injured another person or damaged the property of another person while being transported by any of the Released Parties.
3. **Opt-In or Opt-Out (please initial one). Access to Information.** For continued grant funding, it is sometimes necessary to track Participant’s developmental progress. Participant and Parent each authorizes Henry County Schools and/or the Henry County Department of Juvenile Probation , and representatives thereof, to release to and/or discuss with the Organization pertinent information such as grades, attendance, and discipline records for use in research and quantitative data collection. **Names will be held in strictest confidence in the Organization’s reports.**
4. **Opt-In or Opt-Out (please initial one). Media Release** Participant and Parent each grants and conveys to the Organization all right, title and interest in any and all photographic images and video or audio recordings made by or for the Organization during Participant’s participation in the Activities for use in newsletters, grant applications, presentations, public relations materials, and/or on the Organization’s website, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
5. **Governing Law.** Participant and Parent each expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and that this Release will be governed by and interpreted in accordance with the laws of the State of Georgia without giving effect to its conflict of laws rules. Participant and Parent each agrees that in the event that any clause or provision of this Release is held to be invalid by any court of competent jurisdiction, the invalidity of that clause or provision will not affect the remaining provisions of this Release, which will continue to be enforceable. Participant and Parent each agrees that the sole and exclusive jurisdiction and venue for litigation between Participant, Parent and/or the Organization will be a state or federal court having jurisdiction over Henry County, Georgia.

Participant Signature: Date: Printed Name: Age (if under 18): Address: City/State/Zip:

## IF PARTICIPANT IS UNDER 18 YEARS OF AGE, RELEASE MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN:

Parent Signature: Date:

Printed Name: Legal Relationship: Address: City/State/Zip: