



June 18-22 July 9-13
June 25-29 July 16-20

Please mark the appropriate week(s).

June 18 - 22 _____ All 4 Weeks _____
June 25 - 29 _____
July 9 - 13 _____ For Payroll
July 16 - 20 _____ deduction, please
include API # _____

Application Form

Completed applications must be returned

**Mail or drop off applications along with
payment to:**

Return Applications to:

The Wellness Center
3797 Northside Drive
Macon GA 31210
478-477-2300

OR

Email: Carter.Kevin@navicenthealth.org

CAMPER'S INFORMATION:

To be completed by parent or guardian

Name _____ Sex ____F ____M
Last First Middle

Address _____ County _____

City _____ State _____ Zip _____ Contact Phone (____) _____

Birth Date _____ Age _____ Upcoming Grade Level _____

PARENT/GUARDIAN INFORMATION:

Mother's Name _____ Phone(____) _____ (____) _____ (____) _____
Home Work Cell

Father's Name _____ Phone(____) _____ (____) _____ (____) _____
Home Work Cell

Email Address _____

T-shirt size

Youth	S	M	L	XL
Adult	S	M	L	XL

Payment Information: (to be completed by Wellness Center)

Please make checks payable to **The Wellness Center**

Amount Paid	Date	Method
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CAMPER'S NAME: _____

IN CASE OF EMERGENCY

In case of emergency, please list the names of those we may call in the event if you cannot be located. The names and numbers listed below should be of someone whose address differs from that of the camper.

Name _____ Phone(____) _____ (____) _____ (____) _____
Home Work Cell

Relationship _____

Name _____ Phone(____) _____ (____) _____ (____) _____
Home Work Cell

Relationship _____

CAMPER PICK-UP AUTHORIZATION

Children must be signed in and out of camp each day at the front desk.

I do hereby authorize the following person(s) to pick up my child at the end of each day in the event that I cannot come:

Name	Relationship	Phone
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Name	Relationship	Phone
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Signed: _____ Date: _____
(Parent or Guardian)

Witness: _____ Date: _____

**Early morning drop-off and late afternoon pick-up is available upon request.
Morning drop-off is available starting at 7:30 am and afternoon pick-up is 5:00 pm.
If children are not picked up by 5:30, a late fee of \$10 will be assessed, and must be paid before the child may return to camp.**

Will early drop-off be necessary? Yes____ No____ If so, at what time? _____

Will late pick-up be necessary? Yes____ No____ If so, at what time? _____



CAMPER'S NAME: _____

SWIMMING AUTHORIZATION

My child has my permission to swim at Camp Fun 'n Fit.

HEALTH QUESTIONNAIRE

1. Does your child have allergies? _____ If yes, please indicate: _____

2. Does your child have any medical conditions the staff needs to be aware of? _____
If yes, please indicate. _____

3. Is your child currently taking medication? _____ If yes, please indicate: _____

(Please be aware, our staff is not allowed to administer or distribute medicine.)

4. Are there any other conditions or concerns about your child we should be aware of? _____
If yes, please indicate. _____

CONSENT TO TAKING AND USE OF PHOTOGRAPHS/VIDEO TAPE

I do hereby consent to the taking of photographs/video tape of my child and to the use of such photographs for the promotion or benefit of **Camp Fun n' Fit**.

Signed: _____ Date: _____
(Parent or Guardian)

Witness: _____ Date: _____



CONSENT, RELEASE, WAIVER AND COVENANT NOT TO SUE

I hereby request that my child be allowed to attend Camp Fun n' Fit and to utilize the facilities of the Middle Georgia State University. For and in consideration of the receipt of the above mentioned child care services, I do hereby forever expressly release, indemnify and hold harmless the Wellness Center, Navicent Health and their respective agents, servants and employees of any and all claims, demands, rights and causes of action of whatsoever kind and nature rising from and by reason of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property and the consequences thereof resulting from said child care services or privileges and any and all activities associated with my child's participation in the Camp and activities.

I further agree and understand that all activities, exercise, and use of equipment and facilities shall be undertaken by this minor child at his or her sole risk.

I do hereby further covenant with the Wellness Center, Navicent Health, that I and my heirs, executors, assigns and transferees, will never at any future time sue any of said entities for or on account of any claim for bodily injury, property damage or any other cause of action or claim arising out of said child care services or the privilege of allowing my minor child to utilize the facilities of Camp Fun n' Fit.

This _____ day of _____, _____

Parent or Legal Guardian

Child's Name and Birth Date

Witness



FIELD TRIP PERMISSION:

I, _____ do hereby grant permission for my child, _____, to attend field trips in conjunction with Camp Fun n' Fit. Transportation services will be contracted through a vendor on a bus or van and/or motor coach.

All Field Trips are tentative. Field trips may be changed.

I do hereby further covenant with the Wellness Center Navicent Health, that I and my heirs, executors, assigns and transferees, will never at any future time sue any of said entities for or on account of any claim for bodily injury, property damage or any other cause of action or claim arising out of said child care services or the privilege of allowing my minor child to attend field trips in conjunction with Camp Fun n' Fit.

Parent Signature

Date



Release, Waiver of Liability for Minors and Covenant Not to Sue

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, 200_, by _____, the parent having legal custody and/or the legal guardian (the "parent" or "guardian") of _____, a minor child (the "camper"), in favor of Middle Georgia State University (the "institution" or "university"), certifies that I am the adult parent or guardian of the camper, a minor child under the age of eighteen years, and I consent to his/her participation in activities to be held on the Middle Georgia State University campus, in conjunction with _____ (the "camp").

The undersigned hereby acknowledges that participation in activities such as offered through Middle Georgia State University summer camps involves a risk of bodily harm and injury and assumes all risks and responsibilities on behalf of his/her minor dependent listed below. The undersigned hereby agrees that for the consideration of Middle Georgia State University allowing the listed minor dependent of the undersigned to voluntarily participate in camp-related activities and, in conjunction therewith, the use of all Middle Georgia State University facilities, equipment, programs, grounds, and personnel of the institution, the undersigned on behalf of his/her participant minor dependent does hereby waive liability, release and forever discharge the Institution and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of and from any and all claims, demands, rights and causes of activity of whatever kind or nature, arising out of all known and unknown, foreseeable and unforeseeable bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from voluntary participation in or in any way connected with such camp-related programs.

I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising out of my minor dependent's voluntary participation in camp-related activities.

I understand that the acceptance of this release, waiver of liability and covenant not to sue the Institution or the Board of Regents of the University System of Georgia or employees thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.

Further, I understand that this release, waiver of liability and covenant not to sue shall be effective during the entire period of the _____ (year) _____ (camp) at the institution. I have received a copy of this document and I certify that I am of legal age and am suffering under no legal disabilities and that I have read the above carefully before signing.

I FURTHER AGREE THAT I HAVE READ AND UNDERSTOOD ALL PROVISIONS OF THIS RELEASE AGREEMENT.

END OF AGREEMENT

IN WITNESS WHEREOF, Guardian has executed this Release on behalf of Camper as of the day and year first above written.

Camper Name: _____

Camper Date of Birth: _____

Parent/Guardian Signature: _____

Date: _____

Witness: _____

Date: _____



PHOTO RELEASE FORM FOR MINORS (under age 18)

Middle Georgia State University enjoys telling the good stories about events that occur on our campuses. We often shoot photographs at these events and use them on social media. Occasionally, local news media will attend these events and take photos. We respect the privacy of our guests, so we ask for your acknowledgement that photos may be taken of your child and that we have your permission to use them for these purposes.

Name of Event: _____

Date(s): _____

I attest that I am the parent or legal guardian of the minor listed below.

Print Name of Parent/Guardian: _____

Signature: _____ Date: _____

Street Address: _____

City, State and Zip: _____

Names and Ages of Minors Attending the Event:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

_____ *I prefer my child not be included in any photo or news story about this event.*

Office of Marketing and Communications
(478) 757-6686



Parental Agreement- State Licensure Exemption

I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I understand that this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

IN WITNESS WHEREOF, Guardian has executed this agreement on behalf of Camper.

Camper Name: _____ Camper Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____
