





Date:	June 5 - June 30, 2017
Camp Location:	Middle Georgia State University
	100 University PKWY, Macon, GA 31210
Time:	9:00 a.m. – 4:00 p.m.
Ages:	6-11
Cost:	\$165.00 per week/child (includes lunch
and	field trips).
Novicent Health	n employees may navrall deduct

Navicent Health employees may payroll deduct!

<u>www.navicenthealth.org/wellnesscenter</u> (print forms here) <u>OR</u> pick up forms at The Wellness Center, 3797 Northside Dr, Macon, 478-477-2300





# June 5 - June 30, 2017

Please mark the appropriate week(s).

Week 1	
Week 2	All 4 Weeks
Week 3	For Payroll
Week 4	deduction, please
	include API #

### **Application Form**

<u>Completed applications must be returned by</u> <u>May 20, 2017.</u>

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: Lammons.Erin@navicenthealth.org

#### THIS YEAR CAMP WILL BE HELD AT MIDDLE GEORGIA STATE UNIVERSITY

#### **100 UNIVERSITY PKWY, MACON, GA 31206**

#### **CAMPER'S INFORMATION:**

To be completed by parent or guardian

Name							Sex
	Last		First		Middle		
Address						County	
City			State_	Zip	Но	me Phone <u>(    )   </u>	
Birth Date				Age	Upcoming	Grade Level	
PARENT	/GUAI	RDIAN I	NFORMA	TION:			
Mother's N	lame			Phone(	-	_ ()	
Father's N	ame			Phone(_	)	Work ()	()
Email Add	ress					Work	Cell
<mark>T-shirt s</mark> Youth	<u>ize</u>						
Youth Adult	S	M	L XL				
Adult	3	I <sup>v</sup> I					
Payment Please ma			-	ne Wellness	s Center		



CAMPER'S NAME: \_\_\_\_\_

# IN CASE OF EMERGENCY

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

Name	_ Phone(	_) (	)	_ ()
Relationship	_	Home	Work	Cell
Name	_ Phone(	_) (	)	()
Relationship		Home	Work	Cell

# 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
Name	Relationship	Phone
Signed:	C	Date:
(Parer	nt or Guardian)	
Witness:	C	Date:
Morning drop-off is available	te afternoon pick-up is availab starting at 8:00 am and afterno by 5:30, a late fee of \$10 will b urn to camp.	oon pick-up is 5:00 pm.
Will early drop-off be necessary?	Yes No If so, at what ti	me?
Will late pick-up be necessary?	Yes No If so, at what ti	me?



CAMPER'S NAME: \_\_\_\_\_

#### SWIMMING AUTHORIZATION Please Initial

My child has my permission to swim in the Middle Georgia State University Pool.

# HEALTH QUESTIONNAIRE

- 1. Does your child have allergies? \_\_\_\_\_ 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.)

### 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:
5	(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 at Middle Georgia State University.

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 the following 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.

Out of Town Field Trips (included in weekly fee)

June 7	Ga Aquarium
June 14	Stone Mountain
June 21	Atlanta Zoo
June 28	Georgia Sports Hall of Fame

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 at the Middle Georgia State University.

Parent Signature

Date