Pine Lake EcoArts Summer Camp
2013 Registration Form

Mail this Registration Form with $50. deposit to:
Ella Johannaber
EcoArts Camp
PO Box 704
Pine Lake, GA 30072

Or, drop off in the basket at Ella's front door in Pine Lake: 647 Olive Rd.

Please Make Checks payable to:
Pine Lake City Arts

Child's Name_____**Age**_____ **Birth Date** _____

2nd Child's Name _____ **Age**_____ **Birth Date** _____

Parent _____**Phone**_____

2nd Parent_____ **Phone**_____

Address _____

e-mail address(es)_____

Emergency Contact/Relation to Child:

_____

Phone1_____

Phone2_____

Please list any allergies, health conditions, or medications your child is taking that we should know about: (Use back if needed)

_____

My child(ren) will attend:

☐ **Session 1: Forts, Castles and Sculpting with Nature**
June 10th-21st

☐ **Session 2: Our Wetlands, Lake and Wildlife**
June 24-28 and July 8-12

☐ **Session 3: Theater Arts Camp**
July 15-26

Camp Fee: $320. for each 2 week session.
Discounts: (Check all that apply)

☐ **One sibling is eligible for $15.00 fee reduction.**

☐ **Pine Lake residents may deduct 10% from total family camp fee.**

☐ **I am applying for a full or partial scholarship (submit scholarship request form))**

Camp begins promptly at 9am and ends 3pm.
Drop off 8:30-9. Pick-up 3-3:30.

☐ **My camper(s) will need before-care from 7:30-8:30am**

☐ **My camper(s) will need after-care from 3:30-6pm**

☐ **My camper(s) will need care July 1, 2 and 3**

Childcare fees: $5. per hour, per child, payable daily.

PARENT'S AUTHORIZATION and LIABILITY RELEASE

My child(ren), _____, has(have) my permission to engage in all camp activities. I am aware that this includes supervised swimming in the lake. I hereby acknowledge that the City of Pine Lake does not provide lifeguards, and that swimming is at your own risk. **Authorization of treatment:** In the event that I can not be reached in an emergency, I hereby give my permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the child named above. I understand that a conscientious effort will be made to locate me before action is taken. I understand and accept that this expense will be my responsibility. I understand that it is my responsibility to carry primary accident insurance for my child. I give permission to the Camp Director and any other designated camp staff to administer first aid.
Furthermore, IT IS AGREED AND UNDERSTOOD THAT: The City of Pine Lake, Georgia does not assume, expressly or by implication, any responsibility for injury or loss of any type for any person associated with said party.

I, _____, expressly waive and relinquish any action or cause of action of any kind on behalf of myself and my heirs against the City of Pine Lake, its Officers and Employees.

In addition, I give Pine Lake Theatre Arts Camp my permission to use video and/or photos of my child and my child's art work for promotional purposes.

This _____ **day of** _____**, 2013**
(date) (month)

Signature:_____