PO BOX 6426 Marietta, GA 30065

## **Camp Registration Form**

Please check the camp date(s) of your choice: (<u>All payments are made payable to Music On Wheels, LLC.</u>) You may register for one or both sessions.

Session I: June 4th - June 8th held at Hollydale United Methodist Church (2364 Powder Springs Road, Marietta, GA 30064)

Performance, Saturday, June 9th

Session II: June 11th - June 15th held at Hollydale United Methodist Church (2364 Powder Springs Road, Marietta, GA 30064)

Performance, Saturday, June 16th

Name:	Date of	f Birth:	//Age:			
Street Address:		Apt #:				
City:S	state:	Zip Cod	le:	-		
Home Phone: ( ) -						
E-mail:						
Gender (Circle One): Male Female	Current Grade L	.evel:				
Parent/Guardian Information						
Name:	Relationship to Pa	rticipant:				
Home Phone: ( ) -	Cell Phone: (	) -				
The above person is authorized to Pick-Up M	My Child at the End o	of Each Day or	in the Event of an E	mergenc	y:	
Yes No						
Employer (if unemployed, write "None"): _			Work Phone: (	)	-	
Parent/Guardian 2						
Name:	Relationship to F	articipant:		_		
Home Phone: ( ) -	Cell Phone: (	) -				
The above person is authorized to Pick-Up M	My Child at the End o	of Each Day or	in the Event of an E	mergenc	y:	
Yes No						
Employer (if unemployed, write "None"): _			Work Phone: (	)	-	

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#### **Policies & Procedures**

Stua	ent s name:					
•	Enrollment begins after your child is registered <b>and</b> payment has been received.					
•	<ul> <li>Full Tuition is due the 1st Monday of each week, A \$25.00 late fee will apply on payments received after Monday</li> <li>Partial weekly tuition payment WILL NOT be accepted.</li> <li>If payments are not received by Wednesday, your child will not be able to attend camp, until your account is paid and current, along with the late fee.</li> <li>Parents may choose more than one camp and may choose to pay for more than one week.</li> <li>We accept cash, check, and/or credit card payments.</li> </ul>					
•	There are NO refunds. All fees paid to Music On Wheels, LLC are non-refundable.					
•	Music On Wheels, LLC, LLC <u>DOES NOT pro-rate days due to absences or holidays</u> .					
•	Children <b>must</b> be picked up on time each day.					
•	Camp hours are as <u>follows</u> :  Full Day - 7:00 am - 6:00 pm  Half Day - 7:00 am - 12:00 pm					
•	Children picked up late will incur a \$1.00 per minute late fee(which is to be paid BEFORE children can continue camp).					
•	A \$35.00 NSF fee will be charged to all returned checks.					
•	For the benefit of the camp, certain behavior is expected of all students. If all efforts to make this happen fail, Music On Wheels, LLC reserves the right to withdraw a student from the camp. If a student is withdrawn from camp due to certain unexpected behavior, there will be <b>NO</b> refund issued and tuition will <b>NOT</b> be prorated.					

PARENT SIGNATURE REQUIRED

I understand and accept all policy and procedure: \_

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### **Emergency Contact Information**

The first attempt will be made to contact the camper's parents/guardians. Emergency Contacts listed below must be able to pick your child up in the event of an emergency.

Student's Name: _					
<b>Emergency Conta</b>	act 1				
Name:			Relationship	o to Participant:	
Home Phone: (	) -	Cell Phone: (	) -	Work Phone: (	) -
Is the Above Perso	n Authorized to	Pick-Up My Child a	at the End of Ea	ach Day or in the Event of a	n Emergency:
Yes	No				
<b>Emergency Conta</b>	act 2				
Name:		Relationship to Participant:			
Home Phone: (	) -	Cell Phone: (	) -	Work Phone: (	) -
Is the Above Perso	n Authorized to	Pick-Up My Child a	at the End of Ea	ch Day or in the Event of a	n Emergency:
Yes	No				
Additional Author	rized Pick-up				
1					
(Name) (Contact #	(Relationship)				
2					
(Name) (Contact #	#) (Relationship)				

All campers must be picked up by the person (s) authorized by the registering parent/guardian.

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#### **HEALTH INFORMATION FORM**

tudent's Name:
ist any specific medical conditions or behavioral problems:
Does your child have any other allergies (food, hay fever, etc)? ☐ Yes ☐ No f so, please list:
Are there any activities in which your child may not participate?   Yes   No fso, please list:
Are there conditions or specific needs that require special attention?   Yes   No f so, please list:
Vill your child be taking medication during camp hours? ☐ Yes ☐ No If yes, please list:
Please pack all medication in a sealed container, clearly labeled with your child's name, age, medication, dosage and time and deliver to your child's teacher for the week.
Medication: Time:
Medication:         Time:
The information listed on this health information form is correct to the best of my knowledge, and the camper escribed herein has permission to engage in all prescribed camp activities, except as noted on this form.
, as parent/guardian, authorize Music On Wheels, LLC and Camp ersonnel to seek emergency treatment as required and to transport my child to the appropriate medical facility in the event that urgent/emergency care is necessary.
ignature Date PARENT SIGNATURE REQUIRED

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# ACCIDENT WAIVER, LICENSURE EXEMPTION, AND RELEASE OF LIABILITY FORM Music On Wheels, LLC 2018

June 4, 2018 to June 16, 2018

I HEREBY ASSUME ALL OF THE RISKS ALLOWING MY CHILD (name)\_

THIS ACTIVITY OR EVENT, including by way of persons or entities being released, from dangerous of liability without fault.			
I certify that I my child/or children are physically fi advised to not participate by a qualified medical pro-			
participation in this activity or event.  I acknowledge that this Accident Waiver and Release which my child participates, and that it will govern LICENSURE EXEMPTION			organizers of the activity or event in
I understand that this program is exempt from Licer not required to comply with child care rules other the In consideration of my application and permitting mext of kin, successors, and assigns as follows:  (A) I WAIVE, RELEASE, AND DISCHARGE from the entities or persons released, for my death, disability including my traveling to and from this event, THE employees, volunteers, representatives, and agents, (B) I INDEMNIFY, HOLD HARMLESS, AND PR claims made as a result of participation in this activit I acknowledge that Music On Wheels, LLC and the omissions, acts, or failures to act of any party or ent I acknowledge that this activity or event may involvinjury, and property loss. The risks may include, but equipment, vehicular traffic, actions of other people monitors, and/or producers of the event, and lack of I hereby consent my child to receive medical treatment.	nan the exemption rules, by child to participate in many and all liability, in personal injury, proper FOLLOWING ENTITI the activity or event hole COMISE NOT TO SUE ity or event, whether can ir directors, officers, volity conducting a specific re a test of a person's photoare including, but not limit including, but not limit in hydration. These risks a	Rule 591-1-146(1)(a) Exemption Requirem this event, I hereby take action for myself, much limited to, liability arising from the damage, property theft, or actions of any king ES OR PERSONS: Music On Wheels, LLC and ders, activity or event sponsors, activity or event entities or persons mentioned in this paragonal sed by the negligence of release or otherwise unteers, representatives, and agents are NOT event or activity on behalf of Music On Whomas and mental limits and may carry with it is ecaused by terrain, facilities, temperature, we ded to, participants, volunteers, spectators, coal are not only inherent to participants, but are all	ents and rule 591-1-146(1)(b).  y executors, administrators, heirs,  om the negligence or fault of the  ind which may hereafter occur to m  ind/or their directors, officers,  ent volunteers;  traph from any and all liabilities or  responsible for the errors,  eels, LLC.  the potential for death, serious  eather, condition of participants,  ches, event officials, and event  so present for volunteers.
event.  The accident waiver and release of liability shall be	construed broadly to pr	ovide a release and waiver to the maximum ex	stent permissible under applicable
law. PHOTOGRAPHY & VIDEO			
I also understand that at this event or related activagree to allow photos, video, Internet advertisem organizers, for marketing, informational or education	ent, and/or film to be u	sed for any legitimate purpose by the even	
I CERTIFY THAT I HAVE READ THIS DOCU RELEASE OF LIABILITY AND A CONTRAC	-		AWARE THAT THIS IS A
Print Participant's Name	Age	Parent Name (print)	Date
The undersigned parent and natural guardian doe ward's participation in the activity or event, and release of liability set forth above. The undersign parties referred to above from all liability, loss, c or lack of such capacity to so act and release said	has agreed individually ned parent or guardian ost, claim, or damage	y and on behalf of the child or ward, to the further agrees to save and hold harmless an whatsoever which may be imposed upon sa	terms of the accident waiver and d indemnify each and all of the
Signature of Parent or Guardian		Date	

TO PARTICIPATE IN