



Summer Camp

Student Information & Parent Permission

PROVIDER LEGAL NAME: Genius Hangout
ADDRESS: 3815 James Trail Dr. Cumming, GA, 30041

Enrollment Options:

Robotics Coding Genius

June 3-7 June 10-14

If there is any change in my request for days, I will notify the program coordinator. I understand that no refunds will be given for absences due to illness or vacation.

Child Information (Please print name exactly as it appears on the birth certificate.)

Last Name:

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First Name:

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Middle Name:

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D.O.B. (MM/DD/BY):

Sex: [] M [] F

Child's Grade :

Home Address:

County:

City:

State:

Zip:

Home Phone: ()

Cell Phone: ()

Parent / Guardian Information-

Last Name:

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First Name:

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Middle Name:

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Email Address:

Home Phone: ()

Cell Phone: ()

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Emergency Contact Information (Persons to contact in the event that either parent/guardian cannot be contacted)

Name	Relationship	Cell Phone	Alternate Phone	E-Mail

The child may be released to the persons(s) signing this agreement OR to the following:

Name	Address	Relationship	Cell Phone	Email

Child's Physician or Clinic Name (Child's primary healthcare): .

Phone: ()

Child's Insurance Provider's Name :

My child is currently on medication(s) prescribed for long-term continuous use AND/OR has the following pre-existing allergies, illness, or health concerns:

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At Genius Hangout, we have CPR and First Aid certified staff who will act as first respondents. If major injury to a child occurs, the staff will immediately contact call for professional help (doctor's office OR 911) and will follow their instructions. Parents, designated emergency contacts, or the child's doctor will be notified immediately.

Emergency Medical Release

If emergency medical care is necessary and I cannot be reached, I authorize the Genius Hangout to act on my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

Parent/Legal Guardian Signature

Date

Hold Harmless Release:

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I hereby waive, release, absolve, indemnify, and agree to hold harmless the GH., its directors, officers, organizers, sponsors, supervisory staff, participants, and any other affiliates; for, from, and against all liability because of any bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above named child in any and all activities whether the result of negligence or for any other cause of the Genius Hangout. I individually, and as a parent/guardian for my child, have read this release and understood all the terms. I execute it voluntarily and with full knowledge of its significance.

Parent / Guardian Signature

Date

Authorization to produce and use audio-visual Materials

I hereby voluntary and without compensation authorize the Genius Hangout to produce photographs, movies, videotapes, audio-tapes, and Power Point Presentations of the registered student. This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education or program promotion. I understand GH and its employees will not use these materials for compensation. I understand that this grant of permission shall only be revoked by a written instrument delivered to the GH. This consent shall remain in effect, unless revoked.

Signature of Parent/Legal Guardian

Date

GENERAL RELEASE/ACKNOWLEDGEMENT:

I verify the above information to be correct and true. I have read and choose to comply with the contents of the policies of the Afterschool Program, including those pertaining to emergency transportation and medical treatment, and inclement weather.

SIGNATURE (Parent/Guardian): _____

DATE: _____

(For office use only):

Registration fee paid: \$ _____	Cash Check # _____	Credit Card: _____
Any Payment made : \$ _____	Cash Check # _____	Credit Card: _____