

Imagine That! and Future Tech Camp Registration Form for Summer 2011

Please print this form, complete, sign, and mail or fax it to Imagine That! Remember that you can register on-line at www.imagine-thatfun.com Questions? call 770-455-1980

Name: _____

DOB: _____ Current Grade: _____ Age this June 1st: _____

School Attending: _____

Allergies: _____

Special Needs: _____

Address: _____ City: _____ State: _____ Zip: _____

Mom: _____ Home: _____ Work: _____ Cell: _____

Dad: _____ Home: _____ Work: _____ Cell: _____

Email Address: _____

Emergency Contacts: _____ Phone: _____ Pick-up?

_____ Phone: _____ Pick-up?

Camps						
Location	Week	Option	Ext. Day	Fee	M/R	
_____	_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>

Camp T-Shirt

T-Shirts are \$10 in with registraion and \$12 at the door. My child wold like the following size:

Child			Adult		
S	M	L	S	M	L
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- I have read and understand all policies regarding payments and refunds. See below.
- I have printed and filled-out the Medical Release Form for each camp. I will bring this form to each camp that I am registered for.

Payment Information

Name on card: _____

Card Type: Visa MasterCard Discover

Number: _____ Exp. Date: _____

Amount: _____ Signed: _____

Address if different than above: _____

Camp Fees: You have two options of payments as indicated below

- I am paying the full amount.
- I am paying the \$50 per camp fee now. This option is not available after April 15th.
- In order to use this option, I understand that I must pay the deposit with a credit card and that the balance (total fee MINUS the \$50 deposit) will be charge to the credit card above on or after May 1, 2011. If you wish to submit a check for the balance, it must be received in the office by April 20th, 2009.

Please mail or FAX this form with check or Fax with Credit Card payment to:

Imagine That!
 4330 Georgetown Square
 Suite 502
 Dunwoody, GA 30338
 Phone: 770-455-1980
 Fax: 770- 455-1954

Cancellation and Late Pick Up policy - you must read and accept to register:

We at Imagine That! look forward to having your child participate in our exciting Science and Art programs. However, should it become necessary to withdraw after your child has registered, our cancellation policies are as follows:

Camp Refund Policy:

The \$50 registration fee is non-refundable. The remainder of the fee is refundable up to 3 weeks prior to the camp. After that time, there are no refunds available. However, up to one week before camp date, you may request to change your week of camp as long as there is space available. There is a \$10 fee for changing a camp after March 31st. Due to staffing considerations and the difficulty to fill your child's space within one week of the date, we cannot accommodate camp changes after that time. Please note

that camps changed within the three week period of time will not be available for a refund of any type at a future date.

Late pick up policy: All children should be picked up promptly at the appropriate time. The following is the price list for late pick up: 1-5 minutes - free, 5-10 minutes - \$10, \$1 for each minute thereafter.

Medical Release and Release of Liability

Please print this form, complete, sign, and bring it with your child the first day of camp.

Although every effort is made to create a safe environment, I realize there is always a risk of accident. In case of an emergency involving my child that, in the opinion of the program personnel present, requires immediate medical or surgical attention, I hereby grant permission to Imagine That! or their subcontractors, authority to obtain the service of a physician or Emergency Medical Technician for treatment and/or transport of my child to the hospital if it is deemed necessary. I further release Imagine That! INC., and its facilities from all liabilities for injuries or damages arising out of personal injury of any kind. I understand that I am responsible for making Imagine That! aware of any allergies or medical conditions and limitations that my child may have.

Child: Name: _____

Location	Camps Week	Option
_____	_____	_____
_____	_____	_____
_____	_____	_____

Doctor: Name: _____ Phone: _____

Dentist: Name: _____ Phone: _____

Parent: Name: _____ Phone: _____

With your permission, during this school camp your child may be photographed for photo displays at our schools and learning centers, and / or the Imagine That! web site in order to promote the Imagine That! Enrichment Programs. Your child will be able to see pictures of their camp on the web site.

If you agree to allow your child to be photographed, videotaped or interviewed, please sign the attached form below granting or refusing permission for these films to be publicized. This blanket release applies only to positive, non-controversial stories and information.

By Checking:

Yes I give permission for my child to interviewed, photographed and/ or videotaped for publicity purposes. These pictures may be put on the Imagine That! web site or flyers.

No I do not want my child interviewed, photographed and/or videotaped for any publicity purposes, including internet usage

In case of severe allergic reactions to such things as bee stings, ant bites, food, etc., our instructors have Benadryl to give to the students. Our instructors will also call 911 if the child is having difficulty breathing, and call the parents. Please indicate below whether it is okay for an adult instructor to administer Benadryl under these circumstances

By Checking:

Yes I give permission for my child to be given Benadryl in case of a severe allergic reaction.

No I do not give permission for my child to be given Benadryl in case of a severe allergic reaction.

A copy of this form must accompany your child on the first day of each camp attended. These forms are not transferred from one camp to another so we must have one the first day of every camp. Thank you for understanding!

Signed: _____ Date: _____