

Imagine That! and Future Tech™ Camp Registration Form Summer 2017

Please print and complete this form and fax or mail to Imagine That! Fax: 855-867-5705 Mail: 6365 Spalding Drive, Suite E,
Peachtree Corners,GA

Easy online registration: www.imaginethatfun.com

Questions? Call us at 770-455-1980

30092

Child's name:		<input type="checkbox"/> Boy <input type="checkbox"/> Girl		Date of birth:	Age on June 1:
School child attends:					Grade next school year:
Allergies / Medical Concerns / Special Needs (please detail)					
Mom's name:		Primary phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Dad's name:		Primary phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Address:					
Zip		Street		City	
Email(s):					
Emergency contact name:		Primary phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Allowed to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency contact name:		Primary phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Allowed to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Camp Selections					
Location	Week	Option	Early Care Hours	Late Care Hours	Fee

Do you want a Shirt? (Fee: \$10) Yes No

Tshirt size: Child: Sm Med Lg Adult: Sm Med Lg Sizes can be exchanged at camp.

Payment Information		
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover or Check # _____ Checks only accepted two weeks prior to registration.		
Card #: _____ - _____ - _____	Expiration date: ____/____ MM YY	
Name on card:	<input type="checkbox"/> Same as above	
Address on card:	<input type="checkbox"/> Same as above	
Signature:	Date:	Amount:

Note: The following must be agreed to at time of registration. Your signature and date above means that you accept the policies on the next two pages:

X **Signature:** _____ **Date:** _____

Behavior Contract: Students are expected to display appropriate behavior during Summer Camp. In order to keep the students engaged in the process of interactive learning, distractions must be kept to a minimum. Many activities require a cooperative effort. The more students try to get along well with one another and their teacher, the more enjoyable Class will be for everyone involved. Please review these guidelines for behavior that will help your child enjoy Imagine That!

- Pay attention to teachers and follow directions.
- If you have a question or comment, raise your hand; do not interrupt.
- Be respectful to other students, listen to and encourage them.
- No fighting, hitting, spitting, name-calling, or any other form of harassing or disrespectful behavior.
- Ask permission before touching anything that is not handed to you.
- Have FUN!

Cancellation, Refund, Camp Change and Late Pick Up Policy:

We at Imagine That! look forward to having your child participate in our exciting camp programs. However, should it be necessary to withdraw after registering your child, our cancellation policies are as follows:

- Please note that all refund request must be put in an email for tracking purposes.
- There is a \$60 registration fee (included in the price of the camp) that 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.

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.

Imagine That! Camp Release of Liability Form

Although every effort is made to create a safe environment, I realize there is always a risk of accident. As a result, I, the parent/ legal guardian of the participant(s), hereby knowingly and freely assume all risks, both known and unknown even if arising from negligence of others, associated with willing participation in any and all activities through Imagine That! INC., and ANY and ALL affiliated parties. While we strive to make all activities as safe as possible, I understand that there is some element of risk associated with indoor and outdoor play equipment, classroom and camp activities.

Further, I sign this Waiver of Liability with the understanding that by voluntarily participating in the Imagine That! INC program I, on behalf of myself and the participant(s), and on behalf of my heirs, assigns, personal representatives, and next of kin, voluntarily and expressly release, indemnify, forever discharge, and HEREBY

HOLD HARMLESS Imagine That! INC., its owners, their management, directors, officers, members, employees, agents and ANY and ALL affiliated parties from any claims, damages, cost or expenses including those of attorney fees and medical fees, and liability for any such personal injury, disability, death or loss or damage to person or property resulting from the willing participation in any and all activities through Imagine That! INC., and ANY and ALL affiliated parties to the fullest extent of the law.

In case of an emergency involving my child that, in the opinion of the program personnel, school or business representatives present, requires immediate medical or surgical attention, I hereby grant permission to Imagine That! INC. 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 and that I will be responsible for expenses thereof.

I understand that I am responsible for making Imagine That! aware of any allergies or medical conditions and limitations that my child may have.

Please note for Indoor Playground locations, you will be required to sign their form as well.

I understand that this is a Release of Liability form. I have read this entire form thoroughly. I am signing this document of my own free will.

Doctors Name and Phone: _____

Dentist Name and Phone: _____

Insurance Information: _____

Photo Release

May we have permission to photograph or video your child for promotional information for your school and for Imagine That! Inc.? Yes [] No []

Benadryl

In case of severe allergic reactions our instructors have Benadryl to give to the students. We will also call 911 and parents if the child is having difficulty breathing. Please let us know if this is acceptable.

Yes [] No []

X **Signature:** _____ **Date:** _____

Imagine That! Notice:

Please be advised and understand that Imagine That! is not required to be a licensed child care facility because it is exempt due to being a summer day camp program.

Please return this form and credit card information or check to Imagine That! by phone or fax.

Imagine That!
6365 Spalding Drive, Suite E
Peachtree Corners, GA 30092

Fax: 855-867-5705
Phone: 770-455-1980