



Camp Fire Georgia Before/Afterschool Enrollment Form

For Office Use Only
School: _____
Membership Fee: _____
Registration Date: _____

PARTICIPANT INFORMATION

Please Print

Participant Name: _____
Last First Middle

Home Address: _____
Street Address City State Zip

Birth Date ____/____/____ Age _____ Grade: _____ Sex: Male Female

Parent/Guardian Name: _____ Phone: _____

Email Address: _____

Home Address: _____
(If different from above) Street Address City State Zip

Place of Employment: _____ Phone: _____

Second Parent/Guardian Name: _____ Phone: _____

Home Address: _____
(If different from above) Street Address City State Zip

Place of Employment: _____ Phone: _____

If neither parent/guardian is available in emergency, notify: _____

Relationship to child: _____ Phone: _____

2nd Emergency Contact: _____

Relationship to child: _____ Phone: _____

The child may be released to the following person(s).
Please include yourself and all other parents, guardians, babysitters, etc.

I understand that it is my responsibility to notify Camp Fire Georgia immediately in the event that any of the above information changes. _____ (Initial)



Doctor Information

Name of child's primary doctor: _____ Phone: _____

ALLERGIES (lists all known allergies, attach additional sheet if needed)

Allergies	Type of reaction	Estimated Date of last reaction
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware: _____

Use this space to provide any additional information about the medication(s) prescribed for long-terms continuous use and pre-existing illness, allergies, or health concerns. _____

I understand that Camp Fire Georgia can terminate my child's enrollment in Camp Fire Primetime for any reason including but not limited to incidents of harassment, fighting, bullying, etc. _____ (Initial)

I understand and certify that my child's participation in Camp Fire Programs and its activities is completely voluntary and I have familiarized myself with the programs and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in Camp Fire Georgia events and program, and I acknowledge that although Camp Fire Georgia has taken safety measures to minimize the risk of injury to camp participants, Camp Fire Georgia cannot insure nor guarantee that participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I may not be notified if my child receives minor treatment or medicines. I further recognize and have instructed my child in the importance of knowing and abiding by the school and Camp Fire Georgia's rules, regulations and procedures for the safety of participants. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Fire Georgia to hospitalize, secure proper treatment for and to order injection and/or surgery for my child as named on this form. If my child is photographed in Camp Fire Georgia programs, I authorize Camp Fire Georgia to use the picture for publicity purposes. I have read and understood the above policy and agree to the terms outlined above as well as in the Camp Fire Georgia Program Handbook. Camp Fire Georgia is exempt from state licensing and carries liability insurance.

Parent Name (Print): _____

Parent/ Guardian Signature: _____ Date: _____

Please circle which school your child will be attending for the 2015-2016 school year.

Big A Elementary School Liberty Elementary School Toccoa Elementary School Stephens County Middle School

Please select whether you need Before or Afterschool (Stephens County Middle School does not provide Before Care)

Before Care (\$15 per week) Afterschool (\$35 per week) Both (\$45 per week)

A \$10 membership fee will hold your spot for the 2015-2016 school year.

Money Order Enclosed Visa Mastercard

Card number: _____ Expiration Date: _____

Prior to the start of the school year, you will receive more information regarding the Before/Afterschool program

