

# **CAMP CHEATHAM HILL**

## **CONDITIONS OF ENROLLMENT & PERMISSION TO PICK-UP**

The following are the conditions of enrollment for CAMP CHEATHAM HILL, hereafter referred to as "CAMP":

**TUITION & REFUNDS:** Tuition must be paid in full **on or before the week camp begins**. The tuition is **non-refundable** after the first day of camp for the week.

**HEALTH:** I understand that CAMP will make all reasonable efforts should an emergency arise. To accommodate this effort, I will keep the camp director advised should I be away from my normal residence or place of employment for any extended length of time during the camp session(s). I understand that I will receive a health form and that it must be filled out prior to the first day of camp.

**WAIVERS OF LIABILITY:**

I agree that CAMP is not responsible for the loss or damage to the camper's belongings by theft, negligence, etc. I understand that CAMP recommends against bringing to camp expensive electronics, handheld video games, watches, radios, jewelry, cameras or the like.

I understand and acknowledge that risks are involved in certain camp activities. I hereby release, and agree to indemnify and hold harmless, Cobb County Schools, Cheatham Hill Elementary, Cheatham Hill PTA and all its directors, employees, agents and representatives whatsoever from any and all losses, claims, damages, liabilities, costs and expenses (including attorney fees) which they or any of them, or camper may sustain or incur in any way arising out of or in connection with the camper's participation in any and all camp activities.

**GENERAL MATTERS:**

I agree that the camper and his or her parent, guardian and/or relative will abide by the rules and regulations set by CAMP for the health, safety and welfare of the camper.

I understand that I am obligated to inform CAMP at the time of this application any behavioral problems that the camper has, which have required professional treatment, and that it is understood that CAMP may decline to accept such camper or may revoke acceptance when it is apparent that the camper may not have a successful camp experience.

I understand that CAMP reserves the right to dismiss a camper whose conduct is dangerous, illegal, or in the discretion of the Camp Director, detrimental to the camp program and/or to other campers or otherwise unsatisfactory. I agree there will be no refund in the event of dismissal.

I agree to accept full financial responsibility for damage caused by the camper, whether willful or not, to facilities, equipment or anything else belonging to or leased by CAMP.

I agree that camp has the right to cancel, change or substitute programs or activities when necessary during the camp session.

I, the undersigned parent or guardian, hereby agree to enroll the camper(s) whose name(s) appears below, in CAMP CHEATHAM HILL. In doing so, I acknowledge that I have read and that I agree to the Conditions of Enrollment, as described herein.

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

CAMPER(S) NAME \_\_\_\_\_

IN THE EVENT THE PARENT OR LEGAL GUARDIAN CANNOT PICK -UP THE ABOVE LISTED CAMPER(S), THE PERSON(S) LISTED BELOW MAY PICK-UP MY CHILD FROM CAMP CHEATHAM HILL. I UNDERSTAND PROPER IDENTIFICATION WILL BE REQUIRED.

1) \_\_\_\_\_ Relationship \_\_\_\_\_

2) \_\_\_\_\_ Relationship \_\_\_\_\_

3) \_\_\_\_\_ Relationship \_\_\_\_\_