



Game Changer Camp 2017
Registration & Permissions Form

STUDENT Name _____ Age _____ Sex: M [] F []
Date of Birth ____/____/____ Ethnicity _____ Grade _____
School _____ T-shirt Size _____ Free/Reduced Lunch? _____
Parent or Guardian NAME(S) _____
Street Address _____ City, State, Zip _____
Home Phone: _____ Cell _____
Email Address (if available): _____

Camp: Kid's Camp Magic The Gathering Camp Writing Adventure Camp

Emergency Information & Field Trip Release (initial each box, fill in each line)

Allergies/Medications: _____ Special Needs: _____

Physician's Name: _____ Physician's Phone: () _____

I do hereby give consent for the child named above to participate in scheduled on-site experiences as part of this program. Further, I give my consent to Game Changer, or its representative(s) to acquire emergency medical treatment for my child from competent medical personnel/facilities should that become necessary for any reason.

In order to expedite the care of my child named above, I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival at the appropriate facility. I agree to be financially responsible for my child's treatment. I also request that I (or the alternative emergency contact person listed) be notified of my child's condition and admission as soon as possible.

ALTERNATE CONTACT NAME: _____ PHONE: _____

In case of minor accident or illness, I request that the Program Representative contact me. If I am unable to be reached, I request that one of the persons listed on this form be contacted to care for my child.

In the event of a life-threatening accident or illness, I understand that a Program Representative may contact 911 services immediately. I agree to be financially responsible for my child's care and treatment.

By my signature below, I do hereby state that I am the Parent or Legal Guardian of the child named on this form. Further, I do hereby consent and agree to all stipulations initialed above.

Parent or Legal Guardian's Signature: _____

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ACTIVITIES PERMISSIONS / LIMITATIONS

Please list any activities in which your child is UNABLE to participate: _____

DEPARTURE / PICK-UP AUTHORIZATIONS

Authorization to Sign Out: Besides those designated on Page 1 of this form, the following people are authorized to sign my child out of the program: (ID is required)

1. NAME _____ PHONE _____
2. NAME _____ PHONE _____

My child should (check one): () Wait to be picked up by me or an authorized person.
- OR -
() Ride bike/walk/drive home at the end of each program (1:00pm).

(Initials) **WALK/BIKE/DRIVE HOME RELEASE** Game Changer has my permission to release my son/daughter to walk/bike/drive home at the end of each program day. By my signature below, I agree that I will not hold Game Changer or its representatives responsible for my child once he/she has been appropriately released from the Writing Adventure Program.

Tuition: Fee for the 2017 Game Changer Writing Adventure Camp is \$200 per child. Please include payment with this form to confirm a space for your child. Cash or checks are accepted. Please make checks out to Game Changer Orlando, and include it in this packet.
Refunds: Game Changer will refund tuition if written notice is given within 1 week of camp.
Financial Aid: Partial scholarships are available. If you are interested in financial aid and can provide personal income information, please contact phil@gamechangerorlando.org

GAME CHANGER CAMP PROGRAM REGISTRATION AGREEMENT

(Initials) I understand that registration and enrollment for my child is confirmed, and space in the program will be confirmed once the **CAMP PAYMENT of \$200** is received by Game Changer.

(Initials) **AGREEMENT:** By my signature below, I certify that I am the legal Parent/Guardian of the child registering and agree that I will not hold Game Changer or its representatives responsible for any injuries which may be incurred by my child in any or all activities of the 2017 GAME CHANGER CAMP for which we are enrolling. I understand that Game Changer may not provide insurance for my child, and that I am financially responsible for all treatment or medical care of my child. I understand that Game Changer reserves the right to limit participation of any child for disciplinary reasons or non-payment of fees. I agree to allow my child to participate in all Game Changer programs and activities and to appear in person or in voice, video or photographic presentation for radio, television, website or print media reports and/or media campaign(s) resulting from participation in a Game Changer program and/or event. My child is required to abide by the policies and procedures of the Game Change staff.

Signature of Parent or Legal Gurdian _____ Date _____

**Mail forms to P.O Box 533363 Orlando, FL 32853
or Scan/Email to Phil@gamechangerorlando.org**