



PARTICIPANT INFORMATION FORM

Send completed registration form to: Brittany.James@GwinnettCounty.com.

Participant name: _____ Age: _____ Grade: _____ Male Female

Address: _____ City: _____ State: _____

Known allergies (i.e., food, medication, latex, etc.): _____

Camps – select all desired camps

Grades K – 5			
	STEM-Palooza	June 12 9:00am – 12:30pm	\$10/child
	Global Gourmet Adventure	June 27 9:00am – 12:30pm	\$15/child
Grades 5 – 8			
	Science Inquiry Camp	July 23 – 26 9:00am – 4:30pm	\$35/child
Grades 6 – 12			
	Chef Showdown	June 7 9:00am – 4:30pm	\$35/child
	Mission Adventure	June 28 9:00am – 4:30pm	\$20/child
	Yarns & Threads	July 15 – 18 9:00am – 4:30pm	\$75/child
Grades 6 – 12 outdoor daily field trips			
	Wild Streams & Trails	June 10 – 13 8:00am – 4:30pm	\$85/child
	Woods & Water Adventure	June 24 – 27 8:00am – 4:30pm	\$65/child

Parent/Guardian Information

Name: _____ Email: _____

Phone(s): _____

Address if different from child's: _____

City: _____ State: _____ Zip: _____

Pick-up/Drop-off Emergency Contact

The following list of people are authorized to drop off or pick up your child and may be contacted in an emergency if the parent/guardian is unavailable. Photo I.D. must be presented at pick-up.

Name	
Relationship to participant	
Address	
Phone	

Name	
Relationship to participant	
Address	
Phone	

Childcare Facility Exemption *For programs in which staff provides supervision/childcare for minors under the age of 18.*

I acknowledge that I have been informed that this program is not a licensed childcare facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent/guardian signature

Date

Photo Release

I understand that participation may result in my child being photographed for publicity reasons.

Parent/guardian signature

Date

Medical Liability and Indemnification

I am aware of the nature of this activity, and I hereby assume responsibility for my child to participate in the program. I understand that participation in the program can result in bodily injuries to my child, including but not limited to, bruises, cuts, scrapes, head and/or dental injuries, and broken and/or sprained limbs.

I will not hold Gwinnett County Government and/or its elected and appointed officials, officers, employees, agents, and volunteers responsible in the case of accident or injury as a result of child's participation in the program.

I further agree to indemnify, defend, and hold harmless Gwinnett County Government and/or its elected officials, officers, employees, agents, and volunteers from any and all claims arising from participation in the program and its related activities. Such indemnification shall include, but not be limited to, liability settlements, damage awards, costs, and attorney's fees associated with any such claim.

In situations which are true emergencies and only when I cannot be reached immediately, I authorize a representative of Gwinnett County Government to obtain immediate medical care, and I consent to the emergency transport hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my child. I will not hold Gwinnett County Government and/or its elected and appointed officials, officials, employees, agents, and volunteers responsible for injuries or damages sustained by my child as a result of the immediate medical care. I understand that I am responsible for payment of medical expenses.

Parent/guardian signature

Date