



## REGISTRATION

Please fill out one registration form per participant. You may make copies or request copies as need. Make checks payable to FPD and place with registration in an envelope. Indicate on your check which program you or your student is attending. Mail registration and payment to: Center for Discovery, First Presbyterian Day School, 5671 Calvin Drive, Macon, GA 31210. Please send registration and payment at least two weeks prior to the first day of class.

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ 2020-2021 Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name & Phone (if under 18): \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Camps Attending: 1: \_\_\_\_\_ 2: \_\_\_\_\_  
3: \_\_\_\_\_ 4: \_\_\_\_\_

Option for FPD Families: Please bill my FPD Billing Acct: \_\_\_\_\_ Name on Acct: \_\_\_\_\_

By signing below, I affirm that I am the participant or the parent or legal guardian of the participant (if under 18) named on this registration form. I assume all risks and hazards associated with such participation, including transportation to and from camp activities. I further certify that the class participant, either me or my child, is in good physical condition and can participate in all class activities. I understand that, although this is a recreational class, the possibility of an accident does exist. I further acknowledge that the school's student accident insurance does not cover any injury incurred as a result of participation in a Center for Discovery class. I acknowledge that First Presbyterian Day School, its officers or agents shall not assume responsibility for injuries or costs associated with such injuries that I or my child may incur during camp. In the event of an injury, illness or accident involving my child named above, I authorize FPD camp staff members to use their best judgement in the care of me or my child.

Signature of Participant or Participant's Legal Guardian (if under 18): \_\_\_\_\_

**Admission:** Admissions is offered to any student or adult who meets the eligibility requirements of the camp or activity. First Presbyterian Day School welcomes any student or adult regardless of race, color, religion, or ethnic origin who meets the standard of the activity. First Presbyterian Day School does teach and offer all classes from a Christian world view.

**Registration:** Registration is required for any class offering. Session are filled on a first-come, first-serve basis. Please enroll early. Any registrations that have been received after a class has reached capacity will be returned with a full refund. Online registration is available on our website at [www.fpdmacon.org](http://www.fpdmacon.org).

**Payment and Fees:** Class fees are due in full at the time of registration. All fees include all activities and supplies unless otherwise noted. Payments may be made by check or FPD students may apply the payment to their student account. FPD accounts will be billed upon registration, not during the month of the class.

**Class Minimum Policy:** Some classes have participant minimums set by the instructor. If the minimum is not reached three business days prior to the beginning of the class, the class will be cancelled. Participants will be notified by email and payments refunded.

**Refund Policy:** A full refund is offered to the participant if the class is full or if the class is cancelled. Except in cases of an emergency that is disclosed to First Presbyterian Day School prior to the start of an activity, refunds will not be given five business days prior to the beginning of the class or once the class has begun.

**Departure:** Students should be picked up promptly at the end of each class. For the safety of all participants, girls or boys left on campus before or after the class will be escorted to Extended Day Care.

**Attendance:** First Presbyterian Day School will not contact parents when a student is not in attendance. NO refunds will be given for students who do not choose to attend camps, activities, or classes.

**Behavior:** Students are expected to adhere to the policies and procedures of First Presbyterian Day School students. First Presbyterian Day School reserves the right to dismiss any student whose behavior poses a discipline problem. No refunds will be issued for any student who is asked to withdraw.

**Personal Items:** First Presbyterian Day School is not responsible for lost or stolen property. Students should not bring valuable items. All personal items should be clearly marked with the student's name.

**Photography:** By agreeing to the terms and conditions of enrollment, parents or guardians give permission for their child to be photographed or videoed for FPD and/or FPD's Center for Discovery publications or public relation videos, advertisements, online social media, and/or the FPD website unless a request otherwise is submitted in writing or via email to the Center for Discovery office.

## FPD SUMMER CAMP AUTHORIZATION AND RELEASE

This Authorization And Release (the "Form") must be completed and signed where indicated by the parents/legal guardians of each child participating in First Presbyterian Day School's Center for Discovery Summer Camps (together, the "Camp").

### END-OF-DAY PICK UP

As the parent/legal guardian of the above-named participant (the "Participant"), I have authorized the following individual(s) to pick up the Participant from the Camp in my absence:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### HEALTH INFORMATION

Participant's Health Insurance: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health Concerns/Allergies:** Please indicate if the Participant has any health concerns and/or allergies.

Asthma: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

Explanation And Symptoms: \_\_\_\_\_

Prescribed Medications: \_\_\_\_\_

Participant will require medication(s) while at Camp (includes prescription and over-the-counter):

Yes  No If YES, please describe: \_\_\_\_\_

**Medication Administration Information:** Whenever possible, parents and physicians are encouraged to schedule medication to be taken outside of Camp hours. If the Participant will need to take any medication(s) while participating in the Camp, the Participant must provide the following to the Camp's **Director** prior to the commencement of camp: (1) written authorization from the prescribing physician(s); (2) the appropriate container(s) of medication(s) in properly labeled pharmacy or manufacturer provided containers; and (3) any supplies necessary to administer the medications. Parents/legal guardians may delegate the administration of medications to Camp staff, but it should be noted that Camp staff are not medical professionals. By signing this Form, I am authorizing the Camp to administer the medication(s) to the Participant.

**Accuracy Of Information:** Information about the Participant contained on this Form and provided in addition to this Form is correct and current to the best of my knowledge. I understand and agree that if the Participant's health information, insurance, or emergency contact information changes after the completion of this Form, or at any time during the Camp, I will promptly provide updated information to the Camp's [insert contact].

### AUTHORIZATION FOR TREATMENT

In case of a health problem or emergency, I authorize the Camp to administer first aid and, where necessary: to transport the Participant to the nearest hospital emergency room; to order X-rays, routine

tests, and treatment; and to release any records necessary for care or insurance purposes. I understand that the Camp or its employees or representatives will, to the extent reasonably possible, consult with me concerning any medical care to be provided to the Participant. Absent my direct instructions, I hereby authorize the Camp's employees or representatives to permit commencement of medical treatment or hospital care (including necessary transportation) when, in the judgment of the medical personnel involved, such treatment is medically necessary, even if I have not yet been consulted. In authorizing such emergency treatment, I agree to accept the determination of the treating medical personnel that the treatment or care rendered was medically necessary to protect the life, health or mental well-being of the Participant. I hereby agree to bear all costs incurred as a result of the foregoing.

#### **PARENTAL PERMISSION AND CONSENT TO PARTICIPATE**

In consideration of the Participant's participation in Camp, I, the undersigned, acknowledge, understand, and agree as follows:

The Participant has my permission to participate in the Camp and all Camp activities, as described in the Center for Discovery Camp Guide and the First Presbyterian Day School Center for Discovery Registration Form. By signing this Form, I acknowledge that I have had the opportunity to ask questions and obtain whatever information I require to fully inform myself about the Camp, including the risks that the Participant may be exposed to in Camp, including, but not limited to, risks associated with COVID-19.

I have considered and disclosed to the Camp all physical or mental health conditions, and any risks associated with any such conditions, that could potentially affect the Participant's ability to safely participate in the Camp. My permission for the Participant to participate in the Camp is based upon my belief that the Participant does not have a physical or mental health condition that could affect the Participant's ability to safely participate in the Camp. If any such concerns arise, I agree to promptly disclose them and any risks associated with them to the Camp.

Even though there are risks associated with participation in the Camp and the possibility of additional risks of which neither the Camp nor I may be aware, I represent and warrant that I have enrolled the Participant in any and all insurance, including, but not limited to, health care, accident, and personal property insurance that I believe, in my sole judgment, is necessary to protect the Participant and the Participant's interests while participating in the Camp.

#### **PARENTAL RELEASE, INDEMNIFICATION, COVENANT NOT TO SUE, ASSUMPTION OF RISK AGREEMENT**

I understand that the Participant's participation in the Camp may expose the Participant to certain risks including, without limitation: inappropriate conduct or negligence by self or others; misjudgment by self or others; overexposure to natural elements; participants' mental, physical, or emotional conditions (known or unknown, disclosed or undisclosed); falling down or slipping; animal hazards, such as stings, bites, poisoning, and blows; acts of God; dangerous road conditions and transportation problems while traveling to/from the Camp and Camp activities; contraction of communicable disease (including, but not limited to, COVID-19); and other risks associated with engaging in recreational activities and sports. In consideration of the Participant being allowed to participate in the Camp, I, the undersigned, expressly acknowledge, understand, and agree to the following:

RELEASE. I agree, on my own behalf and that of the Participant and our heirs, executors, administrators, personal representatives, and/or assigns ("Releasers"), to forever release, acquit, discharge, covenant to hold harmless and covenant not to sue First Presbyterian Day School Inc. (including, the Camp), its

trustees, employees, volunteers, representatives, and agents (“Releasees”) from any and all claims, suits, liabilities, and actions, including, but not limited to, any negligence of the Releasees, which Releasors may have, now or in the future, which arise directly or indirectly out of the Participant’s participation in the Camp.

I understand that this Release includes, but is not limited to, any and all claims, suits, liabilities, and actions, that may arise directly or indirectly out of (a) the financial losses that I or the Participant may incur in connection with the cancellation or rescheduling of the Camp; (b) any services related to the special or emergency needs of the Participant while participating in the Camp; and/or (c) any authorized administration or assistance in administration of medications to the Participant.

ASSUMPTION OF RISK. I am familiar with the Camp programs and I fully understand, accept, recognize, and appreciate the risks and danger associated with the Participant’s participation in the Camp, including, but not limited to, the risks identified above. I recognize that certain Camp activities (including, but not limited to, baseball, softball, tennis, soccer, basketball, and stunting/tumbling), have risks inherent in and specific to participation, and that such risks cannot be eliminated without destroying the unique character of such activities. I recognize that participation in the Camp could result in property loss or damage, serious bodily injury, contraction of communicable disease (including, but not limited to, COVID-19), paralysis, and even death. While particular rules, equipment, and personal behavior may reduce the likelihood of injury, the risks and dangers of bodily injury still remain. I hereby knowingly and freely assume, on behalf of myself and the Participant, all risks, both known and unknown, associated with participation in the Camp.

INDEMNIFICATION. I hereby agree, on behalf of myself and the Participant, to indemnify the Releasees from and against any and all demands, claims, suits, actions, causes of action, or liabilities, including attorneys’ fees, brought by any person or entity, arising directly or indirectly from the Participant’s participation in the Camp, including, but not limited to, any injury of any person or damage to or destruction of any property caused by the Participant.

WAIVER. To the extent any claim is made by any person or entity against any of the Releasees in connection with the Participant’s participation in any Camp activities, I hereby waive, on behalf of myself and the Participant, any claim for or right to monetary damages or any other form of personal relief.

The provisions contained above include any property or personal loss or damage, or other loss caused or alleged to be caused, in whole or in part, by the ordinary negligence (but not gross negligence) of the Releasees. These provisions are not intended to, and do not, govern any claims that cannot be released by private agreement.

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I, the undersigned, have read the entirety of this Form and I have satisfied myself that I understand what it means. I hereby expressly agree that the provisions contained in this Form are intended to be as broad and inclusive as permitted by the laws of the State of Georgia and that if any portion hereof is held invalid or unenforceable, I agree that the balance shall continue in full legal force and effect.

By signing this Form, I affirm that I have legal custody of the Participant, am authorized to sign on the Participant’s behalf, and have decided to allow the Participant to participate in the Camp with full knowledge that the Releasees will not be liable for any personal injury or property damage the Participant may suffer, or cause, while participating in the Camp.

By signing this Form, I acknowledge that I have read this Form and understand and accept all of its terms and conditions.

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**Parent/Legal Guardian #1 (Please Print)**

Signature

Date

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**Parent/Legal Guardian #2 (Please Print)**

Signature

Date