

AUTHORIZATION: Child's Name _____ **Birth Date** _____

Emergency Medical Contact:

Doctor _____ Phone _____

Local Emergency Contact: (non-parent)

Name _____ Home Phone _____ Business Phone _____

Name _____ Home Phone _____ Business Phone _____

Authorized Pickup: (non-parent)

Name _____ Home Phone _____ Business Phone _____

Name _____ Home Phone _____ Business Phone _____

I hereby authorize Alpharetta First United Methodist Church to take my child to the nearest medical facility for treatment in the event of an emergency when neither parent can be reached.

I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency on which the above named physician cannot respond.

I, _____, parent(s) / guardian(s) of the above participant do hereby consent to his/her participation in the above Program including all activities incidental to the Program. I assume all responsibilities for, and risks and hazards of, participation in the above Program, including transportation to and from all activities of the Program. In consideration of Alpharetta First United Methodist Church conducting the above Program, I do hereby release Alpharetta First United Methodist Church and the Program, including all officials, officers, sponsors, organizers, supervisors, volunteers, participants, and all other agents, of any and all claims, demands, rights, and causes of action of whatever kind and nature, arising from and by reason of, and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damages to property, and the consequences thereof, resulting from his/her participation in the program and all activities incidental to the Program.

A 50% refund will be given if you cancel your child's camp enrollment 3 weeks before the start date of each camp.

No refunds will be given after these dates.

***The last date for a 50% refund for Summer Camp is May 21.**

***The last date for a 50% refund for Music, Art & Drama Camp is June 25.**

Signature _____ Date _____

Office Use Only

Check No.: _____

Amount: \$ _____

Accepted By: _____