

# Wellness Center

## Medical College of Georgia

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### *Active BONES Kids Camp Registration Form*

#### **Child's Information**

Child's Name (first/middle/last) \_\_\_\_\_ Name Called: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

( ) Male ( ) Female Birth Date \_\_\_\_\_ Age (as of July 1, 2008) \_\_\_\_\_

Grade (as of Aug. 2008) \_\_\_\_\_ School \_\_\_\_\_

#### **Check all that apply to your child, or check "None" for those that don't apply:**

( ) Allergies (type) \_\_\_\_\_ ( ) None

( ) Medication (type and schedule) \_\_\_\_\_ ( ) None

( ) Emotionally, behaviorally, intellectually or physically challenged (explain) \_\_\_\_\_ ( ) None

#### **Family Information** (check parent to contact for payment and other questions)

( ) Mother / Guardian's Name \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_ Mobile # \_\_\_\_\_

E-mail Address \_\_\_\_\_

( ) Father / Guardian's Name \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_ Mobile # \_\_\_\_\_

E-mail Address \_\_\_\_\_

#### **Emergency Information** (please complete for each child)

In the case of an emergency, please contact the following first ( ) Mother / Guardian or ( ) Father / Guardian

Child's Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Dentist's Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

#### **If mother, father, or guardian cannot be reached call:**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_ Mobile # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_ Mobile # \_\_\_\_\_

#### **In addition to the above, list the names and relationships of persons to whom your child can be released:**

\_\_\_\_\_

## **2008 Active BONES Kids Camp Program Policy**

Please read each of the following policies and sign below to indicate your understanding of these policies.

### **Waivers/Permissions**

1. I permit my child to participate in activities the Active BONES Kids Camp (ABKC) conducts outside the Wellness Center building on MCG Campus property.
2. Field Trips – I permit my child to leave the MCG Campus on authorized trips under the supervision of the ABKC staff. I may review a written schedule of activities to be conducted off the MCG Campus.
3. Photography – I authorize the ABKC and the Wellness Center to utilize videotape, audio or photograph materials of myself or dependent children, for the purpose of promotional materials for ABKC and Wellness Center programs and services. This includes any printed material, broadcast and print advertising, promotional videos and the Wellness Center web site which are produced or published by the Wellness Center. I also permit the Wellness Center and/or the media to use images of my child in broadcast and print media news coverage of the ABKC. I understand that my child's name is not published.

### **Medical Treatment Policies**

4. Accident Insurance – Participants are responsible for their own accident insurance when using the Wellness Center and when participating in ABKC programs off-site.
5. Medication – The ABKC does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. However, in the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff and the ABKC may take appropriate action in the best interest of the child.

### **Payment Policies**

I understand policies concerning payment, cancellation, and refunds. I may not register my child for a new program until outstanding balances due on past programs are paid.

6. Insufficient Funds – If my bank returns a check, due to insufficient funds, immediate payment is required to keep my child's account up to date. I will need to send a money order or a certified check for the returned check within 10 business days after I receive written notification from the ABKC director. Personal checks will not be accepted. Payment in full is required before my child can continue to participate in ABKC programs.
7. Cancellations – Non-attendance, without written cancellation, does not relieve me of the responsibility to pay for the program.
8. Refunds – I understand that non-attendance does not entitle me to a refund. I understand that after May 16<sup>th</sup> my deposit will not be refunded, although I may receive a partial refund. Refunds are issued within 45 days of cancellation.

### **Program Policies**

9. I understand that the ABKC is not responsible for any personal items lost or stolen at our programs.
10. I understand that all first year campers must submit a copy of their birth certificate to provide proof of age.

### **Behavior Expectations and Discipline Policy**

It is important that staff maintain good order and discipline in all programs. The ABKC strives to provide safe programs that are favorable for learning and developing social skills. Every effort will be made to help children participating in ABKC to understand clear definitions of acceptable and unacceptable behavior.

11. The ABKC does not condone and will not permit: corporal punishment, ridiculing, threatening, using an inappropriate loud voice, leaving children unsupervised, or the use of profanity.
12. A child's behavior is expected to be consistent with the following: use appropriate language at all times; cooperate with staff and follow directions; respect other children and staff, equipment and facilities, and yourself; stay in program areas.
13. If a child is unable to comply with the behavior expectations, a conference will be held by the program director with the child. The parent(s) or guardian will be notified.
14. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal.
15. Behaviors which may result in immediate dismissal include but are not limited to: any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff; fighting; possession of a weapon of any kind; vandalism or destruction of MCG property or property of others; possession or use of alcohol or controlled substances unless under the prescription of a doctor; running away; or biting.

**I have read, agree with, and understand all the policies stated above. In addition, I will discuss the expectations of behavior with my child.**

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Active BONES Kids Camp  
Enrollment Form

**Eligibility:**

The Active BONES Kids Camp is intended for children ages 6-12. Registration is open to all children whose parents or grandparents are MCG students, faculty, staff, house staff, post-doctoral fellows, or Wellness Center members.

Please select which session(s) you are registering your child for:

- Session 1                      June 9-13
- Session 2                      June 16-20
- Session 3                      June 23-27
- No Camp the week of July 4th
- Session 4                      July 7-11
- Session 5                      July 14-18

Sessions are limited to the first 40 children that enroll. An enrollment minimum must be met for each session.

- Fees:**
- MCG Student - \$110/ child
  - Wellness Center Member - \$110/ child
  - Non-member - \$125/ child

**Deposits:**

Parents/Guardians may place a deposit on their child's enrollment for camp. The deposit fee is \$40 per session per child. The remainder of the fee must be paid in full no later than May 16<sup>th</sup> or the child's spot may be forfeited.

**T-shirt Size** (please select one per child)

- |  |  |
|--|--|
| <input type="checkbox"/> Youth Small   | <input type="checkbox"/> Adult Small   |
| <input type="checkbox"/> Youth Medium  | <input type="checkbox"/> Adult Medium  |
| <input type="checkbox"/> Youth Large   | <input type="checkbox"/> Adult Large   |
| <input type="checkbox"/> Youth X-Large | <input type="checkbox"/> Adult X-Large |

**Wellness Center Member or MCG Student**

Child 1:  Session1    Session2    Session3    Session 4    Session5

\_\_\_\_\_ sessions @ \$110 per session = \_\_\_\_\_

Child 2:  Session1    Session2    Session3    Session 4    Session5

\_\_\_\_\_ sessions @ \$95 per session = \_\_\_\_\_

Child 3  Session1    Session2    Session3    Session 4    Session5

\_\_\_\_\_ sessions @ \$95 per session = \_\_\_\_\_

**All Other Eligible Individuals**

Child 1:  Session1    Session2    Session3    Session 4    Session5

\_\_\_\_\_ sessions @ \$125 per session = \_\_\_\_\_

Child 2:  Session1    Session2    Session3    Session 4    Session5

\_\_\_\_\_ sessions @ \$110 per session = \_\_\_\_\_

Child 3:  Session1    Session2    Session3    Session 4    Session5

\_\_\_\_\_ sessions @ \$110 per session = \_\_\_\_\_