

# CAMP CHEATHAM HILL

## 2022-2023 Registration Form

There is a \$35 (per person) NON-REFUNDABLE registration fee due with this form. Form and Fee is due on or before the first day your child attends camp! Checks can be made payable to:

**Camp Cheatham Hill 2, LLC**

\*\*ACCEPTABLE FORM OF PAYMENT = CASH, CHECK, ZELLE ([dinicrj@gmail.com](mailto:dinicrj@gmail.com) or 770-633-1391)

This Registration fee is applied to the entire school year which means your child may attend any camps we run mid-year (Winter Break, Fall Break, etc...)

**CAMP CLOSED ON FRIDAYS DURING SUMMER SESSION! CAMP ALSO CLOSED JULY 4<sup>th</sup>**

Camper's Name(s) \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Home Number \_\_\_\_\_

Home Address \_\_\_\_\_

Work Number (mom) \_\_\_\_\_ Cell phone (mom) \_\_\_\_\_

Work Number (dad) \_\_\_\_\_ Cell phone (dad) \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Total number of campers registering \_\_\_\_ (x \$35 each) = **Total amount due now!**

### ***Summer 2022 Dates (themes to be determined by campers)***

**(Camp is CLOSED on FRIDAYS during summer season)**

May 31 <sup>st</sup> – 2 <sup>nd</sup> *(Tuesday-Thursday)	July 5 <sup>th</sup> - 7 <sup>th</sup> *(Tuesday-Thursday)
June 6 <sup>th</sup> – 9 <sup>th</sup> (Monday-Thursday)	July 11 <sup>th</sup> – 14 <sup>th</sup> (Monday-Thursday)
June 13 <sup>th</sup> – 16 <sup>th</sup> (Monday-Thursday)	July 18 <sup>th</sup> – 21 <sup>st</sup> (Monday-Thursday)
June 20 <sup>th</sup> – 23 <sup>rd</sup> (Monday-Thursday)	
June 27 <sup>th</sup> – 30 <sup>th</sup> (Monday-Thursday)	

For additional information call Robin at 770-633-1391 or visit our website at [www.campcheathamhill.net](http://www.campcheathamhill.net)

# CAMP CHEATHAM HILL 2, LLC

## CONDITIONS OF ENROLLMENT

The following are the conditions of enrollment for CAMP CHEATHAM HILL 2, LLC, hereafter referred to as "CAMP"

**TUITION & REFUNDS:** Tuition must be paid in full **on or before the week camp begins**. The tuition is **non-refundable** after the first day of camp for the week. If you miss a day or so of camp (that you already paid for) you will receive a credit to be applied to another day of your choice.

**HEALTH:** I understand that CAMP will make all reasonable efforts should an emergency arise. To accommodate this effort, I will keep the camp director advised should I be away from my normal residence or place of employment for any extended length of time during the camp session(s). I understand that I will receive a health form and that it must be filled out prior to the first day of camp.

**WAIVERS OF LIABILITY:**

I agree that CAMP is not responsible for the loss or damage to the camper's belongings by theft, negligence, etc. I understand that CAMP recommends against bringing to camp expensive electronics, handheld video games, watches, radios, jewelry, cameras or the like.

I understand and acknowledge that risks are involved in certain camp activities. I understand CAMP is not a licensed program, nor is it affiliated with the Cobb County School District. It carries private insurance. I hereby release, and agree to indemnify and hold harmless, Camp Cheatham Hill 2, LLC, and all its directors, employees, agents and representatives whatsoever from any and all losses, claims, damages, liabilities, costs and expenses (including attorney fees) which they or any of them, or camper may sustain or incur in any way arising out of or in connection with the camper's participation in any and all camp activities. I also release Cobb County School District, Cheatham Hill Elementary, Cheatham Hill PTA and all its directors, employees, agents and representatives whatsoever from any and all losses, claims, damages, liabilities, costs and expenses (including attorney fees) which they or any of them, or camper may sustain or incur in any way arising out of or in connection with the camper's participation in any and all camp activities.

**GENERAL MATTERS:**

I agree that the camper and his or her parent, guardian and/or relative will abide by the rules and regulations set by CAMP for the health, safety and welfare of the camper.

I understand that I am obligated to inform CAMP at the time of this application any behavioral problems that the camper has, which have required professional treatment, and that it is understood that CAMP may decline to accept such camper or may revoke acceptance when it is apparent that the camper may not have a successful camp experience.

I understand that CAMP reserves the right to dismiss a camper whose conduct is dangerous, illegal, or in the discretion of the Camp Director, detrimental to the camp program and/or to other campers or otherwise unsatisfactory. I agree there will be no refund in the event of dismissal.

I agree to accept full financial responsibility for damage caused by the camper, whether willful or not, to facilities, equipment or anything else belonging to or leased by CAMP.

**I, the undersigned parent or guardian, hereby agree to enroll the camper(s) in CAMP CHEATHAM HILL. 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. In doing so, I acknowledge that I have read and that I agree to the Conditions of Enrollment, as described herein.**

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(Parent or Guardian Signature)

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(Date)

# CAMP CHEATHAM HILL

## CONTACT INFORMATION / MEDICAL AUTHORIZATION

Camper's Name \_\_\_\_\_ Parents' Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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Medication Needed \_\_\_\_\_

What illness/condition is this medication intended for? \_\_\_\_\_

\_\_\_\_\_ Medication is to be self administered by student

\_\_\_\_\_ Medication is to be administered by CAMP personnel

Dosage \_\_\_\_\_

Special Instructions \_\_\_\_\_

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I \_\_\_\_\_ give CAMP CHEATHAM HILL  
(Parent name)  
permission to administer first aid treatment to my child \_\_\_\_\_  
(child name)  
if needed or in case of an emergency.

\_\_\_\_\_  
(Signature of parent of guardian)

\_\_\_\_\_  
(Date)

**PERMISSION TO PICK UP**

(Please complete this form if someone other than parent/ guardian will be picking up your child)

CAMPER(S) NAME \_\_\_\_\_

IN THE EVENT THE PARENT OR LEGAL GUARDIAN CANNOT PICK -UP THE ABOVE LISTED CAMPER(S), THE PERSON(S) LISTED BELOW MAY PICK-UP MY CHILD FROM CAMP CHEATHAM HILL. I UNDERSTAND PROPER IDENTIFICATION WILL BE REQUIRED.

1) \_\_\_\_\_ Relationship \_\_\_\_\_

2) \_\_\_\_\_ Relationship \_\_\_\_\_

3) \_\_\_\_\_ Relationship \_\_\_\_\_

4) \_\_\_\_\_ Relationship \_\_\_\_\_

5) \_\_\_\_\_ Relationship \_\_\_\_\_

# CAMP CHEATHAM HILL

## ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. Covid-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

CAMP CHEATHAM HILL (CCH) has put in place preventative measures to reduce the spread of COVID-19; however, CCH cannot guarantee that your child(ren) will not become infected with COVID-19. Further, attending CCH could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by, COVID-19 by attending CCH and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at CCH may result from the actions, omissions, or negligence of myself and others, including, but not limited to, CCH employees, leasing agent, program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, illness, permanent disability, and death, damage, loss, claim, liability, or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Camp Cheatham Hill.

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Camp Cheatham Hill 2, LLC, its employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Camp Cheatham Hill 2, LLC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any CCH program.

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(Signature of Parent/Guardian)

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(Date)

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(Print name of Parent/Guardian)

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(Camper's Names)



CAMP CHEATHAM HILL

Learn it...Live it...Love it!

## PHOTO RELEASE

As we work to update our website (campcheathamhill.net) we would love to share photos of some of the fun activities going on here at camp! There will be no names attached to the photos, just pictures of the kids participating in the daily activities.

Camper's Name (if signing for siblings list them all)

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Parent or guardian Name (granting permission to publish photos)

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I hereby authorize Camp Cheatham Hill 2, LLC, to publish pictures or my child(ren) taken in a photograph, digital image, or video on their website/social media page. I release Camp Cheatham Hill 2, LLC, its agents, employees, as well as any and all users and exhibitors of said pictures. I understand I will not receive any compensation for my child's photo to be published.

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(Signature of Parent/Guardian)

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(Date)

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I DO NOT GRANT PERMISSION FOR MY CHILD'S PHOTO TO BE USED