



Communities In Schools

Georgia in
Troup County

\$40.00 (non-refundable)
application fee
Sponsorships are Available
Berta Weathersbee Elem.
June 7-July 2, 2021
7:30 am-3:30 p.m.

Registration Fee:
___ Check # _____
___ Cash _____
___ Money Order _____
Receipt # _____
Processed by: _____

Check, Cash or Money Order

Summer Enrichment Program Application

Student Information:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent or Guardian

Last Name _____ First Name _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone (____) _____ - _____

Grade in 2020-2021 School Year

- 5th
- 6th
- 7th
- 8th

Gender:

- Male
- Female

Has your child attended CIS Summer Enrichment Program before? Yes No

Date of Birth: ____/____/____

Free/Reduced Lunch: Yes No

T-Shirt Size: _____XSM _____SM _____MED _____LG _____EX LG _____XXL (T-shirts are adult sizes)

In case of emergency after attempting above number(s) please contact:

Last Name _____ First Name _____

Relationship: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Medical Information:

Physician's Name: _____

Physician's Phone Number: (____) _____ - _____

Medical Insurance: _____ Policy Number: _____

List any allergies, special precautions and treatments needed for these allergies:

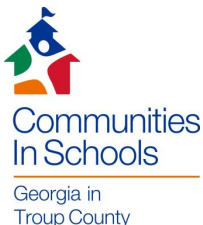
List any medications currently being administered to this student: _____

Permissions:

- I give permission for my child, _____ to participate in the Communities In Schools of Georgia In Troup County Summer Enrichment Program.
- I give permission for my child to be transported to and from designated pickup points by Communities In Schools transportation provider should one become available. (Transportation will only be provided to and from field trips)
- I give permission for my child to be photographed.
- I give permission for my child to complete a weekly journal.
- I give permission for my child to participate in off sight field trips.
- I acknowledge that daily participation is required.

Signature of Parent or Guardian

Date



Summer Enrichment Program

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE CIS SUMMER ENRICHMENT PROGRAM, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that my child is physically fit and has not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my child's participation in this program.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting my child to participate in this activity and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Communities In Schools of Georgia in Troup County/Georgia Subsidiaries of Communities In Schools, LLC, (CIS) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that CIS and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.

I hereby consent for my child to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, my child may be photographed. I agree to allow my child's photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Name

Age

Parent/Guardian Signature

Date



In the event that you are unable to pick up your child, please identify other individuals who you have given permission to pick up your student. Please inform the person(s) listed that we will verify their identity prior to releasing the child to them.

Please list the individuals and a phone number for anyone that has your permission to pick up your child from the Summer Enrichment Program. If at any time you need to make changes to the list (add/remove) please let us know.

Name

Phone Number

Alternative Travel

_____(Parent Initials) My child has my permission to walk or ride a bicycle to and from the program and I accept full responsibility for my child once they have been released from the Communities In Schools of Georgia in Troup County Summer Enrichment Program at 3:30 pm.

PARENT SIGNATURE

DATE

STUDENT NAME



Welcome to the 2019 Summer Enrichment Program!!! We look forward to a fun-filled and awesome 4-weeks of activities, learning and exploration. We want all participants to have a great experience and we have rules in place to ensure each child's enjoyment and safety, as well as that of all staff, volunteers and presenters.

WE DO NOT TOLERATE ANY OF THE FOLLOWING AND WILL BE GROUNDS FOR IMMEDIATE DISMISSAL FROM THE PROGRAM:

PROFANITY

FIGHTING

INNAPPROPRIATE TOUCHING

HORSE PLAYING

INSTIGATING/INITIATING ACTIVITY LEADING TO CONFLICT

ANY DISRESPECTFUL ACTIONS OR GESTURES TOWARDS STAFF OR OTHER PARTICIPANTS

THEFT

Students will be given the opportunity to refocus and we use the following protocol for disciplinary actions:

1st Offense-Parent is notified of the incident that occurred either in person or by phone call.

2nd Offense-Parent is asked to pick up child from the site and student will not be allowed to participate in the next outing.

3rd Offense-Parent is notified, and student will be expelled from the program.

PARENT SIGNATURE

DATE

STUDENT SIGNATURE