

Mt. Bethel Elementary School
STEM Stompers Camp June 5-8, 2017 Tuition is \$150 Cash or Check Payable to MBESF (Non-Refundable)

Session: 8:30-11:30 a.m. 12:30-3:30 p.m. **T-Shirt Size:** XS S M L **Name Called** _____
(Youth)

PLEASE PRINT CLEARLY IN INK

Name _____ M F **DOB** _____
LAST FIRST MIDDLE

Address _____ **Best Phone** _____
STREET CITY ZIP

Email _____ **Can child have popsicle?** Y or N

Names of parents/guardians with whom student resides (legal custody):

NAME RELATIONSHIP CELL PHONE DAYTIME PHONE

NAME RELATIONSHIP CELL PHONE DAYTIME PHONE

Health Problems _____

Allergies: Yes No **If yes, please describe:** _____

List all daily medications: _____

Emergency Contact & Adults with Permission to Pick Up (other than parent/guardian) These persons will assume temporary care of your child in the event you cannot be reached. *****PLEASE USE LOCAL CONTACTS*****

NAME RELATIONSHIP CELL PHONE DAYTIME PHONE

NAME RELATIONSHIP CELL PHONE DAYTIME PHONE

NAME RELATIONSHIP CELL PHONE DAYTIME PHONE

***MEDICAL RELEASE STATEMENT:** I hereby authorize Cobb County Schools to seek emergency medical assistance for my child in the event the parent or guardian cannot be reached. I will assume full responsibility for all charges related to above.

PARENT/GUARDIAN SIGNATURE

DATE

***PERMISSION STATEMENT:** I grant permission for my student to participate in Where the Story Begins! Kindergarten Camp. I agree to release, indemnify, and hold harmless or reimburse the Cobb County School District, its Board of Education, and its members, employees, agents, representatives, successors or assignees, as well as its approved adult instructors ("District Indemnitees") from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees) whether known or unknown, that I, any other parent or guardian of the above named student, the student or any other successor or assignee may have or may allege to have against the District Indemnitees or which may be brought against the District Indemnitees arising out of or in any manner relating to the student's participation in the camp, including but not limited to any losses, damages or injuries or to the rendering of emergency medical procedures or treatment.

PARENT/GUARDIAN SIGNATURE

DATE

STEM Stompers Camp is provided by the Mt. Bethel Elementary School Foundation