

2017 Girls Inc. Summer Camp

Tee Received _____ Size _____

PARTICIPANTS NAME: _____

Carryover Balance

DESCRIPTION	Amt	DATE	Carryover Balance			
			DATE	DATE	DATE	DATE
NEW SUMMER MEMBERSHIP - \$25.00	\$ 25.00	✓	PAYMENT	PAYMENT	PAYMENT	PAYMENT
SUMMER ACTIVITY FEE - \$200 (or \$225 after May 26)	\$ 200.00					
PAY DAILY - \$10.00 per day	\$ 10.00					
SWIM LESSONS- \$25	\$ 25.00					
G.I.T. Fee \$25 (Grades 7-9)	\$ 25.00					
FIELD TRIPS:						
SIMPLY POTTERY & ZAHARAKOS (Fireflies) JUNE 13	\$ 30.00					
FORESTRY PICNIC, DQ & B'TOWN POOL (Fireflies) JULY 10	\$ 20.00					
ATLANTIS WATER PARK (Ladybugs) JUNE 22	\$ 30.00					
RASCALS FUN ZONE & PIZZA (Ladybugs) JULY 20	\$ 30.00					
SIMPLY POTTERY, CHUCK E CHEESE, DQ(Butterflies) JUNE 14	\$ 30.00					
RASCALS FUN ZONE & PIZZA (Butterflies) JULY 19	\$ 30.00					
LOUISVILLE BATS GAME (GIT) JUNE 20	\$ 20.00					
ZIP CITY- INDIANAPOLIS (GIT) JULY 21	\$ 30.00					
CONCESSIONS						
OTHER						
TOTAL AMOUNT DUE						
TOTAL AMOUNT PAID						
<i>Cash/Check/Charge</i>						
BALANCE DUE						

MEDICAL WAIVER & RELEASE INFORMATION

I fully understand that Girls Incorporated/SGC staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Girls Incorporated/SGC staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Girls Incorporated/SGC staff to call a doctor and to seek medical help, including transportation by a Girls Incorporated/SGC Staff member its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Girls Incorporated/SGC staff deem this to be necessary. By signing below, I hereby authorize a staff member of Girls Incorporated of Jackson County to request or consent to any reasonably necessary medical or dental examination or treatment, including anesthesia, surgical and hospital care, to be rendered to the above named minor (member) on the recommendation and supervision of any dentist, physician or surgeon licensed to practice medicine by any state.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and staff instructions. The Girls Incorporated/SGC staff, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of recreational activities, gymnastics, trampoline, tumbling, dance instruction, open workouts or in the case of any exhibition, competition, or clinic in which he or she may participate while traveling to or from an event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Girls Incorporated/SGC. I, my executors, or other representatives, waive and release all rights and claims for damages that I or my child may have against Girls Incorporated/SGC and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both by child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of activities and injury. The parent should warn the child according to what the parents' feel is appropriate. Girls Inc/SGC will only warn the child through "Safety Messages" and our teaching style and progressions.

I have read and understand the Waiver & Release information and the Policies and Procedures information. The signing of this form affirms that I give permission for my child to participate in Girls Incorporated/SGC activities and I agree to all the conditions on behalf of my child.

SIGNATURE _____
(Parent or Guardian)

DATE _____