| 2018 Camp Schoolhouse Registration | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s First/Last Name : | | | | Date of birth: | | | | | Age | Gender (circle):  Boy Girl | |
| Home address: | | | | | | | City: | | | | State: |
| Please indicate if your child has attended or will be attending The Alumni Current Children’s Schoolhouse for the regular school year (check box): Rising N/A | | | | | | | | | | | |
| Does your child have any food allergies? \_\_\_\_\_\_\_ If yes, please specify: | | | | | | | | | | | |
| Does your child have any handicaps/disabilities/special needs? \_\_\_\_\_\_\_\_ If yes, please specify: | | | | | | | | | | | |
| How did you hear about the summer camps at The Children’s Schoolhouse? | | | | | | | | | | | |
| Contact Information | | | | | | | | | | | |
| Parent/Guardian Name(s) : | | | | | | E-mail (registration will be confirmed by e-mail) | | | | | |
| Home phone: | Cell phone: | | | | | | | Work Phone: | | | |
| Emergency Contact Name:: | | Relationship: | | | | | | Contact Number: | | | |
| Summer Camp Sessions | | | | | | | | | | | |
| **Please check the box(s) indicating the sessions you wish to register for:** | | | | | | | | | | | |
| * **Week 1 – June 4-8 Little Sprouts Gardening** * **Week 2 - June 11-15 Outdoor Adventure** * **Week 3 - June 18- 22 Homesteading/Farm** * **Week 4 - June 25-29 Jr. Chef Baking** * **Week 5 – July 9-13 Messy Science** | | | * **Week 6 - July 16-20 Outdoor Art** * **Week 7 - July 2 3-27 Mud & Water Play** * **Week 8 – July 30- Aug 3 Cooking** * **Week 9 – August 6-10 Woodland Faries** * **Week 10 – August 13-17 Construction Zone** | | | | | | | | |
| Tuition | | | | | | | | | | | |
| Tuition is $130 per child per session for families who do not attend The Schoolhouse during the regular school year.  Tuition is $115 per child per session for current and alumni Schoolhouse families.  *Tuition is due with registration. Once a child has been admitted to a camp session,* *tuition is non-refundable*. | | | | | | | | | | | |
| **Please make check payable to:** The Children’s Schoolhouse | | | | | **Send to:** Attention: Summer Camps  The Children’s Schoolhouse  17616 Caldwell Station Road  Huntersville, NC 28078 | | | | | | |

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| **2018 Camp Schoolhouse**  **Release and Hold Harmless Agreement** |
| This RELEASE AND HOLD HARMLESS Agreement is executed this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  2018 by and between The Children’s Schoolhouse and the child whose name is printed below. The child whose name is printed below, together with his/her parent or legal guardian, is referred to herein as the “Participant”.  IN CONSIDERATION of being permitted to enter and use the grounds and other facilities of the Children’s Schoolhouse, and other good and valuable consideration, the sufficiency of which is hereby acknowledged, the Participant hereby agrees to the following terms:  PARTICIPANT hereby releases, waives and discharges The Children’s Schoolhouse, its officers, directors, employees, volunteers or teaching staff, and each of them (collectively referred to as “The Schoolhouse”), from any and all liability to Participant for any and all loss or damage to Participant on account of injury to the Participant or the Participant’s personal property, while the Participant is participating in any of the activities sponsored or conducted by The Schoolhouse.  PARTICIPANT further agrees to indemnify The Schoolhouse from any loss, liability, damage or cost that the Schoolhouse may incur due to any harm suffered by the Participant. Participant agrees to never institute suit or action against The Schoolhouse for damages, cost, expenses, or loss of services resulting or arising from any such loss, damage or injuries.  PARTICIPANT acknowledges that he/she are financially responsible for any medical cost related to any injuries sustained while at The Schoolhouse. Because the Participant is a minor, this Release and Hold Harmless Agreement shall be executed by a parent or legal guardian, and shall be binding upon said parent or legal guardian as well as upon the participating minor. Said parent or guardian by the execution hereof, waives all claims to their individual or derivative capacity, as well as claims on behalf of the Participant.  PARTICIPANT expressly agrees that the Release and Hold Harmless Agreement is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina, and that if any portion hereof is held invalid, it is agreed that the balance shall not withstanding continue in full legal force and effect. |
| Signatures |
| IN WITNESS WHEREOF, this Release and Hold Harmless Agreement is executed at Huntersville, NC on the day and year first above written.  Child’s Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian’s Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  Schoolhouse President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ |