

Ability Works

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

*Gender: Female Male Age: _____ t-shirt size _____ Height _____ Weight _____

School: _____

Grade attended year 2016-2017: _____ (if applicable)


Home address: _____

City: _____ State: _____ Postal/Zip Code: _____

Country: _____ Telephone: _____ cell: _____

Parent email: _____

(Include area code with telephone)

 Please list ADA Accommodations needed: _____

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Person's Authorized to pick up child: _____
(Please provide a copy of their ID)

Other Dismissal Arrangements _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Lunch: All participants need to pack a lunch with a drink, please be sure that your child's lunch is clearly marked with your child's name and last name. Please include an ice pack in the lunch box as refrigeration is not available. Glass bottles/containers are not allowed.

Contact Information

For more information, contact Peggy Heim at 419 626 1048 x3110 Emails: pheim@ability-works.com

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

I understand that **payment is due as indicated in the grid below.** We do not provide make-ups or refunds for any days missed for any reason. In order to complete all the projects planned, you will need to be in attendance every day.

DROP OFF AND PICK UP TIMES

*Drop off time:

- 8:45am

*Pick up time:

- 2:00pm

*Locations may vary depending on the activity.

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

Who is financially responsible for the student? _____

I hereby give permission to **Ability Works** to photograph and/or videotape the student for promotional purposes. _____ (Initial)

Payments: Fees may be paid by voucher, cash or by check.
Make the check payable to: **Ability Works.**

✓	<u>Name of Camp</u>	<u>Last Day to Register</u>	<u>Dates of Camp</u>	<u>Fees</u>	<u>Payment Due By</u>
	Quilting Camp	May 29, 2017	June 12 – 16, 2017	\$150/week 175/one week	June 9, 2017
	Theater Camp	June 29, 2017	July 10 – 14 & July 17 – 21, 2017	\$300/ 2 weeks	July 3, 2017
	Cooking Camp	July 28, 2017	August 7 – 11, 2017	\$175/week	August 4, 2017
	Get Fit!	July 20, 2017	July 24 – 28, 2017	\$150/week	July 21, 2017
	Wet and Whacky	August 7, 2017	August 14 – 18, 2017	\$150/week	August 7, 2017

PARENT STATEMENT

I hereby state that (camper's name) _____ is in good mental and physical health condition to participate in the activities provided by Ability Works. I hereby release Ability Works, its employees, staff and its volunteers from liability to the above named participant, of the person claiming through him/her, arising from injury to the person or property of the above named individual occurring in the premises of Ability Works including any event sponsored or sanctioned by Ability Works, and or travel to and from such activities.

I understand that Ability Works, has the right to deny admittance to any individual not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with Ability Works, or its scheduled program and that Ability Works, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature _____ Date _____