

Mountain Roots Preschool Camp Registration 2017

Camper First Name _____ Camper Last Name _____

Parent/guardian name(s): _____

Parent/guardian email address: _____

Street/mailling address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ - _____ Age (as of June 12, 2017) : _____

Secondary Phone Number: (_____) _____ - _____

Billing information (if different than above): _____

Additional Emergency Contact Name: _____

Emergency Contact phone number (Primary) (_____) _____ - _____

Emergency Contact phone number (Secondary) (_____) _____ - _____

Camp Sessions—Check all you plan to attend (See multi-week pricing structure on cover letter):

____ June 13-16 (4 day week)

____ June 19-23

____ June 26-30

____ July 10-14

____ July 17-21

Pre-School CAMP RUNS FROM 9am-Noon

____ July 24-28

____ July 31- Aug. 3 (4 day week)

____ August 8-11 (4 day week)

____ August 14-18

Camper background information:

Has your child attended pre-school? If so, tell us where & about their overall experiences.

Has your child attended other educational or recreational programs? Is so, what sorts of programs?

What are your child's greatest interests?

With any questions, contact us at 828-384-4629 OR email ali@mountainroots.org

Visit www.mountainroots.org for logistics and LIKE US on Facebook.

Does your child have any special needs that we should be aware of in order to best work with her/him?

Feel free to provide an additional page if you want to share more information

What personality traits best describe your child?

Are there medications that your child takes on a regular basis? If so, please list.

Are there any health, physical, or mental aspects of your child that we should be aware of?

Does your child have any allergies? Yes / No (please explain)

What else should we know about your child in order to make Day Camp the best experience possible?

Do you or your child have any goals for the week?

Please complete this application and return to us with your deposit to:

Mountain Roots, Inc.

Attn: Day Camp

PO Box 248

Cedar Mountain, NC 28718

Complete & Attach the Mountain Roots Day Camp Pricing Worksheet AND then finish this form.

Camper Name _____ will be attending _____ weeks of day camp for a total of \$ _____

A Deposit of 50% is due with this registration form.

- Please make checks payable to Mountain Roots, Inc. Amount Enclosed: _____

Possible Discounts include: Multi-Week; Early Bird; and Family. Maximum discount 20%.

Be sure to Complete and Attach the Pricing Worksheet.

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Mountain Roots Day Camp Waiver & Release Form

Please read before signing

Camper Name _____ Date _____

Street _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

In consideration of being allowed to participate in any way in the *Mountain Roots* program, its related events and activities, I (parent/guardian name) _____, the undersigned, acknowledge, and agree that:

1. **Programming associated with Mountain Roots can be inherently dangerous**, and not all risks are foreseeable. Risks can include but are not limited to: weather, lightning, falls, slips, animal and insect bites, physical exhaustion, judgment and human error. Activities associated with Mountain Roots programming may be strenuous and require suitable fitness in order to conduct activities safely. This does not include all possible risks associated with Mountain Roots programs nor is it possible for Mountain Roots, Inc. to identify all risks.
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS FOR MY CHILD**, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation. I am financially capable of providing medical care and treatment for my child and any injuries associated with their participation in any Mountain Roots programming.
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS** *Mountain Roots, Inc.*, and their officers, officials, agents and/or employees, other participants, sponsoring agencies, and all affiliates (including Brevard Community Church, Brevard Academy, and Pisgah Forest Elementary School/Transylvania County Schools, DuPont State Forest, the NC Forest Service, Pisgah National Forest, The United States Forest Service), sponsors, advertisers, and if applicable, owners and lessors of premises used for activity ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property associated with my presence or participation.
4. Any dispute, controversy or claim arising out of or related to this Agreement or the interpretation of this Agreement shall be settled by arbitration in accordance to the rules of the American Arbitration Association, except to the extent modified per the Rules of Court of the State of North Carolina. The place of arbitration shall be Brevard, North Carolina.
5. If any term, clause, or provision of this Assumption of Risk, Waiver, and Release from Liability Agreement is held to be illegal, invalid or unenforceable, or the application thereof to any person or circumstance shall to any extent be illegal, invalid or unenforceable under present or future laws effective during the term hereof or of any provisions hereof which survive termination, then and in any such event, it is the express intention of the parties that the remainder of this Agreement, or the application of such term, clause or provision other than to those as to which it is held illegal, invalid or unenforceable, shall not be affected thereby, and each term, clause or provision of this Assumption of Risk, Waiver, and Release from Liability Agreement and the application thereof shall be legal, valid and enforceable to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understanding its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Parent or Guardian's Signature Date: _____

Photo release

I allow Mountain Roots, Inc. to use photos and videos taken of my child during day camp for promotional purposes.

Parent / guardian signature Date: _____

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