



# OTU UMUNNE

CULTURAL ORGANIZATION, INC.

A Georgia Non Profit Corporation and Federal 501(c)(3) Corporation

## Summer Camp Registration Form

Please fill out completely.

Be sure to make a copy for your records.

Return your completed forms to: Otu Umunne, P.O. Box 161857, Atlanta, GA 30321 by May 20th 2017.

### Registration Form

Please Print:

Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Parent/ Guardian's Work Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Cell phone \_\_\_\_\_

Persons authorized to pick up child: \_\_\_\_\_

Phone #: work \_\_\_\_\_ home: \_\_\_\_\_

T-shirt Information. Adult Small \_\_\_\_\_, Adult Medium \_\_\_\_\_, Adult Large \_\_\_\_\_

\* What to Wear: Shorts or cool pants, attendee will receive a camp T-shirt. Shoes must be worn at all times. (No Sandals!) Put name of camper on all articles!

### **(NEXT GRADE IN SCHOOL, AUGUST 2017)**

\_\_\_\_\_ (K-1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>-3<sup>rd</sup>) \_\_\_\_\_ (4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>) \_\_\_\_\_ (7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>)

#### **\*LUNCH- Lunch will be provided.**

*Camper Fee: \$50.00 if paid before May 20<sup>th</sup>. (Fee after May 20<sup>th</sup> \$60.00) Make checks payable to Otu Umunne and return. All registrations are made through the Otu Umunne only!!! For families with more than one camper, a \$10.00 discount will be given to 2nd camper after the first \$5 discount for each additional child thereafter. Also, our leaders are not trained to deal with children with special needs. Children with special needs must have a parent accompany them the entire week.*

### Volunteer to Help at Day Camp

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I am CPR certified or First Aid Certified: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_

Staff T-shirt: \_\_\_\_\_ medium \_\_\_\_\_ large \_\_\_\_\_ X-large

\_\_\_\_\_ XX-Large \_\_\_\_\_ XXX- Large

Criminal Background Check \_\_\_\_\_



Summer Camp 2017  
AUTHORIZATION TO PICK UP STUDENT

We will not release your child to anyone not previously authorized by you. Please complete this form and return with your release and other enclosed forms. We must have this form on file before your child begins.

Student's Name: \_\_\_\_\_

Transportation mode:

Public Transportation \_\_\_\_\_

Parents \_\_\_\_\_

Names of Parents Authorized to Pick Up Child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names ,Phone numbers of Others Authorized to Pick Up Child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please Return Application and payment to:  
Otu Umunne Cultural Organization Inc.  
P.O. Box 161857 Atlanta, GA 30321  
Emil:otuumunne@yahoo.com*



# OTU UMUNNE

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### Consent For Camp

#### Basic Disclaimer

Reasonable risk taking is part of daily living .Operating within the safety parameters and instructions of the facilitators and volunteer leaders can help to minimize the reasonable risks present in activities related to large group travel hotel stay and convention activities.

Rex Child Care and Otu Umunne cannot assume responsibility for any accidents or incidents that may occur in the course of this camp and field trip.

***The following Statement must be endorsed by every consenting parent on behalf of their children that will be travelling and particularly as part of Otu Umunne Summer camp.***

In the case of medical emergency, I understand that every reasonable effort will be made to secure medical attention due to injury or otherwise . However, I am responsible for any charges that may occur. I hereby give my permission to the physician selected by the coordinators in corporation with the group leaders, to secure proper treatment for myself or my child/children.

In the event of any property damage of facilities by my child/children during the camp, that I will be responsible for the payment of any property damaged by me or my child/Children.

I also give permission for photograph that might be taken to be utilized in the promotion of Out Umunne programs in the feature.

Participant's name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Phone #, Home: \_\_\_\_\_ Cell# \_\_\_\_\_

Work # \_\_\_\_\_

Email: \_\_\_\_\_