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Mail or deliver to:
HarvestWorks, Inc.
891 N. Post Rd.
Shelby, NC 28150

Harvest Works Summer Camp Waiver/Permission Form

General Information 2011

Insurance and Liability – Harvest Works does not provide hospital or medical insurance coverage or assume responsibility for injury to any participants in its program. Participants are encouraged to obtain their own insurance coverage prior to the start of the program and to consult with a physician before participating in any outdoor or strenuous activity.

Access for all – HW welcomes all individuals to participate and enjoy the program regardless of race, color, religion, sex, sexual orientation, national origin or disability or lack of a disability.

The Summer Camp is intended for children ages four and up.

Children 8 or less than 80 pounds are required to have a booster seat and it must be provided by the parent. Please label the seat with your name.

Payments – payments are expected the week before attending camp. Payment may be made in cash, or bank draft or credit card. If payment is not received by Monday of the service week, the child will not be served.

Parents are responsible for extra activity cost

Lunch will be provided free for each child

For Swimming and water days- Please bring a bathing suit everyday

Wear tennis shoes daily

On first day of camp please bring an extra change of clothes.

Medication – Staff will only administer medication with a Doctors medication order.

Discipline – If a child is unable to comply with the behavior expectations the parent will be notified and a conference will be set up to determine a behavior contract for the child.

Please sign the child in and out when you drop off and pick up.

Program hours are from 8:00am until 5:30 pm. \$1.00 per minute will be added for late pickups.

Program cost is \$55.00 per week per participate, children receiving services at HarvestWorks cost is \$50.00 per week. Additional fees may apply for outings.

Waivers/Permission

I, Parent or Guardian of child, permit my child to leave HarvestWorks facility under the supervision of the Harvest Works staff. I may review a written schedule of activities to be conducted off the premises. I may contact a HarvestWorks staff to obtain this schedule.

Signature _____ **Date** _____