

Camp Participant Information Form

Please Print

Child's Name: _____ Age: _____ Sex: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Date of Birth: _____

Mother/Guardian Information (Legal mother's information must be listed, unless court documentation is produced showing an exception.)

Name: _____ Employer: _____

Work No.: _____ Cell Phone: _____

E-Mail: _____

Father/Guardian Information (Legal father's information must be listed, unless court documentation is produced showing an exception.)

Name: _____ Employer: _____

Work No.: _____ Cell Phone: _____

E-Mail: _____

Emergency Contact Information: (other than parent)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Authorized person(s) to pick up my child are:

(I understand my child will not be released with anyone not on the list or without proper authorization. Anyone picking up this child will be asked for identification, even if listed.)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____



Camp Participant Information Form

Medical Information

Is your child on any type of medication? Yes No

If yes, please list: _____

Does your child have any allergies? Yes No

If yes, please list: _____

Are your child's immunizations up to date? Yes No

Please list any past medical treatments:

Please share any additional information that you feel camp staff should know about your child relating to his/her behavior or state of mind (EXAMPLES: fears, ability to share, reaction to hunger and/or fatigue, overall nature, etc.) _____

Medical Information (Please check any of the following conditions which affect your child.)

Frequent Ear Infections

Frequent Nose Bleeds

Convulsions

Diabetes

Glasses

Other: _____

Has had Chicken Pox

Has had Measles

Has had German Measles

Has had Mumps

Does have Asthma

Medical Release

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted by me. For any minor accidents the camp staff has my permission to follow first aid procedures. In the event that I cannot be reached in an emergency, I hereby give my permission to the physicians selected by the program to order x-rays, routine tests and treatment, or hospitalization for my child. I understand that every effort will be made to contact me in the case of any emergency.

Swimming Skill Level

To better inform our staff, we would like to know your child's swimming abilities.

Please check one of the selections below:

Non-swimmer

Beginning Swimmer

Swims like a fish

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Waiver of Liability

Parent/Guardian Initials: _____

I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my actions and physical condition. I agree to indemnify and hold the City of Deer Park and its employees harmless from liability, loss, cost, or expense (including attorney's fees, medical and ambulance costs) that may occur while participating in the City of Deer Park Parks and Recreation activities. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, video tape, motion pictures, recordings, or any other record of this event for future publicity.

Camp Participant Agreement

Parent/Guardian Initials: _____

I am aware by registering for this program that while sponsored by the Deer Park Parks and Recreation Department, the instructor will retain the right to control the content of his/her instruction and details of his/her work in so far as these are not inconsistent with the City of Deer Park's general policies and standards. In the event a participant has a concern regarding the program, the policy is to consult the instructor first and then if there has not been a satisfactory resolution, the participant should contact the department's Recreation Supervisor. The Recreation Supervisors decision will be considered final. If the instructor has a concern regarding a participant in the program, the instructor will attempt to resolve the matter with the individual. If there is still a concern after this meeting, the instructor will consult the supervisors to reach a decision. If after reviewing the situation it is determined a resolution cannot be met, the participant will be asked to remove himself/herself from the program and encouraged to pursue a program elsewhere. Our camp program is designed for children who are able to be successful in group oriented programs without parent involvement.

Swimming Waiver

Parent/Guardian Initials: _____

I, the undersigned, understand that my child must know how to swim to participate in all swimming activities sponsored by camp including field trips to Splashtown, Pirates Bay, Schlitterbahn, Wave Pool, with water rides, swimming pools and lake fronts, etc. I agree to indemnify and hold the City of Deer Park and its employees harmless from any liability, loss, cost or expense (including attorney's fees, medical, and ambulance costs) that may occur while participating in any or all water based activities.

Archery and Riflery Waiver

Parent/Guardian Initials: _____

I understand that my child who will be a participant in riflery/archery through camp, do agree to indemnify and hold the City of Deer Park and its employees harmless from any liability, loss, cost or expense (including attorney's fees, medical, and ambulance costs) that may occur while participating in any or all riflery/archery activities.

Transportation Waiver

Parent/Guardian Initials: _____

I understand that my child may be transported for field trips and swimming at the city pool by a City of Deer Park employee in a City of Deer Park vehicle. I understand that there exists a possibility of an injury if my child does not abide by safety standards and policies explained to him verbally by staff or received in a written format. I understand that my son/daughter must safely participate during transportation period during a field trip. Lastly, I understand that if an accident does occur, I am obligated for any and all medical costs, ambulance costs and other expenses that arise as a result from transporting by a City of Deer Park vehicle for field trips.

Signature of Participant (or parent or legal guardian if participant is under 18 years old)

Participant's Name (please print)

Today's Date

Camp Participant Information Form

Important Information about Camp Crabgrass

➤ Drop-Off Procedures

- The doors of Camp Crabgrass will not open until **7:30am** for participants. We are not responsible for participants dropped off any earlier than the designated open time.
- You may use the front drive to drop off your child(ren). However, if you need to come in and speak to staff you **MUST** park in the parking lot. Please be mindful of other parents who need to drop off.
- Participants will be checked in at the door by staff. There will be no need for parents to get out of their vehicle. If you need to get out of your vehicle for any reason, we ask that you park in the parking lot and then come inside.
- **DO NOT DRIVE IN THE GRASS.**

➤ Pick-Up Procedures

- When picking up your child(ren) you must park in the parking lot and come in to sign out your child(ren) if you need to speak with staff or get out of your vehicle for any reason.
- A picture I.D. is required at the time of pick-up. No participant will be released without proper form of identification. Please keep in mind that this is for your child's safety.
- Pick-up for participants is by **5:30pm SHARP**. A late fee will be assessed if your child is picked up after 5:30pm. (\$10.00 for anytime during the first 10 minutes and \$1.00 per minute after)
- You may use the front drive to pick-up your child(ren). However, we ask you do not get out of your vehicle as staff will sign out your child(ren) at the door when you arrive.

➤ Behavioral Guideline

- The Parks and Recreation Department has implemented a behavior expectation policy. All participants are given these expectations on their first day of camp.
 - *Show respect for yourself, other campers, and Parks and Recreation staff.
 - *Listen and follow directions from staff.
 - *Unacceptable behavior includes, but is not limited to: use of foul language, hitting, pushing or kicking.
- **1. 1st Violation**- will result in a formal and supportive verbal warning or "Time Out" depending on the severity of the infraction.
- **2. 2nd Violation**-will result in a discipline report being signed by the parent or guardian.
- **3. 3rd Violation**-will result in a parent conference and may result in removal from the camp for the remainder of the day or session. Expulsion will forfeit all paid fees for the session.
- The Parks and Recreation Department has behavior expectations for those dropping off and picking up children. Matters of sensitive nature should be discussed in a calm manner. Every effort will be made to remedy a situation; however abusive language or yelling will not be tolerated and may affect the status of your child in the program. Expulsion will forfeit all paid fees for the session.

I have read and understand the above. I do realize that any deviation from the statements above can result in suspension from City of Deer Park camp programs. A refund will not be given.

Parent/Guardian Signature

Today's Date

Camp Participant Information Form

Camp Medicine Administration

If your child requires medication to be taken during day camp hours, I hereby give my permission to the Camp Coordinator and camp head counselors to administer medication listed below. All medication must be brought by an adult and taken directly to the Camp Coordinator. All medication must be picked up daily and must be in its original container with the child's name and directions. No medication will be taken if it is not in its original container and no medication will be kept overnight.

Child's Name: _____

Medication to be taken: _____

Quantity and Time: _____

Instructions: _____

Medication to be taken: _____

Quantity and Time: _____

Instructions: _____

Parent's/Guardian's Signature

Today's Date



Camp Participant Information Form

Camp Sunscreen Policy

The purpose of the policy is to ensure that all children are protected from skin damage caused by the harmful UVE and UVA rays of the sun.

Parent's Role

- Parents should apply sunscreen to their child in the morning before coming to camp.
- Parents will be responsible for providing their child with enough sunscreen to last the week of camp. This should be dropped off the very first day of camp.
 - ت Sunscreen should be brand new and labeled with child's first and last name.
 - ت It is recommended the sunscreen be the spray kind for easy application and is a broad spectrum SPF 30 or higher. It is also suggested to get a waterproof sunscreen that will wash off less quickly.
 - ت A separate sunscreen stick is recommended as well for easy application to tops of ears and face.
 - ت Sunscreen is child specific and may only be used for that child. No sharing allowed. If you have siblings, each child must have their own sunscreen.
 - ت If a child does not have sunscreen for the day, an attempt will be made to contact the parents to bring some sunscreen. If a parent cannot be contacted or arrangements cannot be made, an unused can of sunscreen will be assigned to the child and a fee of \$8 will be added to their account to be paid within 7 days.

Camp's Role

- Sunscreen will be stored in an area inaccessible to children.
- Each counselor will be responsible for their group's sunscreen, making sure it is applied throughout the day.
- Staff will remind participants to apply sunscreen every 2 hours when outside activities are scheduled. Staff will assist to help hard to reach areas or participants may use each other as a sunscreen buddy. Anyone refusing to reapply sunscreen will not be permitted to participate in outdoor activities.
- If sunscreen is not picked up within 14 days of child's last day of camp, the product will be disposed of.

Camp Participant Information Form

Sunscreen Policy Agreement for Camp

Name of Child _____

I give permission for the staff at **CAMP CRABGRASS** to assist in applying sunscreen provided by the parent that is a broad spectrum with SPF 30 or higher to my child as specified below. I understand the sunscreen may be applied to exposed skin, including but not limited to the face, top of ears, nose, bare shoulders, arms and legs.

____ I do not know of any allergies my child has to sunscreen.

____ My child is allergic to the following sunscreens or sunscreen types:

____ I have provided and labeled a sunscreen for each child I have participating in camp.

____ For medical reasons, please do not allow sunscreen to the following areas of my child's body.

I have read all of the camp's sunscreen policies and will adhere to them.

Parent Printed Name _____

Parent Signature _____ Date _____

CAMP CRABGRASS REFUND POLICY

Due to the overwhelming response of participation, the Parks and Recreation Department has adopted a stringent refund policy for Camp Crabgrass. ***Cancellation will be based on the Monday date nearest to your cancellation.***

- ❖ Cancellation 3 weeks or more prior to session-FULL REFUND
- ❖ Cancellation 2 weeks prior to session-50% REFUND
- ❖ Cancellation 1 week prior to session-25% REFUND
- ❖ Cancellation less than 1 week prior to session-NO REFUND

Parent/Guardian Signature _____

Today's Date _____