Office Use Only
Site(s):
Siblings:

Paid:
Pic Use: Y / N
Child attend last year? Y / N
Today's Date_____

CAMP STAUNTON 2021 REGISTRATION FORM

Child's Name_____ Nickname_____Gender_____Birthdate____/____/____Age____
Street Address _____ City_____State_____Zip _____
School Camper Attends _____ Grade _____
Child's Physician _____ Phone Number _____
Mother/Guardian 1 Name _____ Place Employed _____
Home Phone (_____) _____Work Phone (_____) _____Cell Phone (_____) _____
Father/Guardian 2 Name _____ Place Employed _____
Home Phone (_____) _____Work Phone (_____) _____Cell Phone (_____) _____
Parent/Legal Guardian with legal custody of child _____
Parent/Legal Guardian home address _____
Provide names and address of 2 contacts if parent / guardian cannot be reached:
Name _____Address _____
Home Phone (_____) _____Work Phone (_____) _____Cell Phone (_____) _____
Name _____Address _____
Home Phone (_____) _____Work Phone (_____) _____Cell Phone (_____) _____
Persons authorized to pick up camper:
_____
_____

Information & Characteristics	Yes	No	Explanation & Comment
Allergies	○	○	_____
Medications	○	○	_____
Dietary restriction	○	○	_____
Physical limitations/restriction	○	○	_____
Chronic conditions/illnesses	○	○	_____
Any unusual fears	○	○	_____
Easily upset	○	○	_____
Physically aggressive (including difficulty controlling temper)	○	○	_____
Withdrawn, shy	○	○	_____
Hyperactive	○	○	_____

Please also note any special assistance or accommodations
_____
_____
_____

Is there anything about your child that you wish to share with us?
_____
_____
_____
_____

Please Circle Camper T-Shirt Size:

Youth: SML MED LRG **Adult:** SML MED LRG XL XXL

AGREEMENTS

1. For Montgomery Hall, the parent/guardian gives authorization for their child to transport to Gypsy Hill for fishing and other activities.
Yes _____ No_____

2. The Staunton recreation department agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian agrees to pick up thereafter as soon as possible.
Yes _____ No_____

3. The parent/guardian authorizes Staunton Parks and Recreation to transport their child to Augusta Health and obtain immediate medical care if any emergency occurs when parent/guardian cannot be located immediately.
Yes _____ No_____

4. Staunton Parks and Recreation may use images (pictures, videos) of my child in publicity for the department.
Yes _____ No_____

XX_____

Signature of Parent or Guardian and Date

5. I have received the Parent/Guardian Handbook which outlines all policies and procedures. I am responsible for reading and understanding all policies and procedures therein.

XX_____

Signature of Parent or Guardian and Date

Date child entered care: _____ Date child left care: _____

I WISH TO ENROLL MY CHILD FOR:

GARDEN CENTER: Ages 5-6____ GHP GYM: Ages 7-9_____ MONTGOMERY HALL: Ages 10-12 _____

Option 1_____all EIGHT weeks at $750 (full payment due by April 23, 2021)

Option 2_____all EIGHT weeks in two payments (due April 23 and May 14, 2021)

Option 3_____for the indicated weeks at $100 per week to be paid by the Monday of each week the child is enrolled. For example, if your child is attending the week of June 1st, payment is due the MORNING of the 1st. With this option, $50 per week must be paid at registration leaving a $50 balance due the week your child attends. **No credit will be given**. **Payment must be received before your child can attend camp**.

Please make checks payable to **Staunton Parks and Recreation**. Check each week below that your child will be attending camp. **This must be completed or all 8 weeks will be billed to your account**.

June 1_____ June 7_____ June 14_____ June 21_____

June 28_____ July 5_____ July 12_____ July 19_____

Amount received: _____ Date_____ Staff initials: _____

*There is a $10/child registration fee due upon submission of this form

PARENT'S AND PARTICIPANT'S INFORMED CONSENT, AUTHORIZATION, AND RELEASE

(This is a legal document. Read carefully before signing.)

To the fullest extent permitted by law, in consideration of the person noted below being allowed to participate, with each and all person/s acknowledging the opportunity to ask questions, be aware and receive full information, understanding and give voluntary consent regarding the potential risks in any physical or other activity/ies involved generally and particularly and inherently in parks and/or recreation programs, including those inherent related to a trip or travel, the undersigned individual/s VOLUNTARILY AND UNCONDITIONALLY on behalf of the undersigned and as well as by the participant personally, if the participant is at least 18 years of age, and for successors in interest AGREE that the undersigned:

- **ASSUMES ALL RISKS**, and
- **FOREVER WAIVE/S AND RELEASE/S** the City of Staunton, its departments and agencies, officials, employees, agents, representatives and volunteers (individually and collectively the "City") from any claims and liability of any nature whatsoever, for ANY KIND OF **PERSONAL INJURY, ILLNESS, DEATH**, EXPENSE, COST, AND DAMAGES except those not subject to waiver or release under the law, and
- **FOREVER WAIVE/S AND RELEASE/S** ALL **PROPERTY DAMAGE**, LOSS AND/OR DAMAGES that may relate, directly or indirectly, to the program and activity/ies connected with the City in any aspect of it/them at any time and at any place whether before, during or afterwards, and
- **FOREVER AUTHORIZE/S** the City to seek and obtain **CARE, MEDICAL ATTENTION AND TREATMENT** of any kind for the participant whether the treatment occurs without knowledge of the quality of care or treatment provider or facility, and ACCEPTS FULL RESPONSIBILITY AND LIABILITY FOR ANY CHARGES OR EXPENSES AND/OR COSTS incurred or related to such care and treatment, including EXPENSE related to transportation or early return home, whether or not it is covered by any insurance policy, plan or program or agreement of any kind.

Each provision of this document is separable, and each such provision, including each clause, stands on its own. The City does not waive and expressly preserves any immunity of any kind as allowed by law.

If participant is a minor under the age of 18

Participant Name: _____ Date of Birth: _____

Parent/Guardian Name/s: _____

AUTHORIZATION FOR SUNBLOCK, INSECT REPELLENT AND MEDICATION

Release and Indemnification Agreement

I hereby authorize the City of Staunton Department of Parks and Recreation Camp Staunton personnel to give the medication as directed by this authorization. I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify the City and all of its officers, departments, agencies, agents and employees from any and all claims, losses, damages, injuries, fines, penalties and costs (including court costs and attorney's fees), charges, liabilities, or exposures, however caused, resulting from, arising out of, or in any way connected to assisting this participant with the use of medication. I have read and understand this HOLD HARMLESS AGREEMENT and by my signature agree to its terms.

PART I – To be completed by PARENT OR GUARDIAN

Camper Name: _____ Date of Birth: _____

Camper's site: _____

Parent/Guardian Signature: _____ Daytime Phone #: _____

PART II – SUNSCREEN/INSECT REPELLANT – To be completed by PARENT OR GUARDIAN- MUST BE LABELED WITH CHILD'S NAME

Staff can apply the following to the program participant:

Sunblock ◯ List adverse reactions (if any): _____

Insect Repellent ◯ List adverse reactions (if any): _____

PART III – SHORT TERM MEDICATION – To be completed by PARENT OR GUARDIAN for medication that the participant is taking for up to 10 days. Examples include Tylenol or other analgesics, antibiotics or other medications that have been prescribed for a short term.

Diagnosis: _____ Prescription: _____

Dosage to be given at program: _____ Time to be given at program: _____

Start Dates - From: _____ To: _____

PART IV – LONG TERM MEDICATION – To be completed by the PHYSICIAN for medication that the child takes on a permanent or long-term basis. It is encouraged for parents to administer medication before or after the program if possible. Examples include inhalers, EpiPen's, insulin, or any other treatment for a long term disability or condition.

Diagnosis or reason for prescription(s) _____

If the child is taking more than one medication at the program, please list all of the medications below.

Medication Name	Dosage	Time	Dates to be administered	Special Notes

_____ _____ _____

Physician Name (Print or Type) **Physician Signature** **Date**

Reminder to Parent/Guardian: Medication must be labeled with participant's name, name of medication, the dosage amount, and the time or times to be given. Medications must be in the original container with a single dose for the day (if applicable), and the prescription label or direction label attached.

PARENT(s) AND PARTICIPANT(s)
INFORMED CONSENT, ASSUMPTION OF RISKS, AND RELEASE REGARDING COVID-19

(This is a legal document. Read carefully before signing.)

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. The City of Staunton ("the City") cannot guarantee that you or your child(ren) will not become infected with COVID-19 while attending or participating in activities sponsored or supported by the City.

By signing this agreement, you acknowledge and understand the following statements:

- I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC (https://www.cdc.gov/coronavirus/2019-ncov/index.html) and many other public health authorities still recommend practicing social distancing.

- I further acknowledge that the City cannot guarantee and actually disclaims any assurance that I or my child(ren) will not become infected with the Coronavirus/Covid-19.

- I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself or my child(ren) and others, including, but not limited to, City staff and other activity participants and observers.

- I or my child(ren) voluntarily seek to engage in activities provided by the City and acknowledge that I or my child(ren) may be increasing my or my child(ren)'s risk to exposure to the Coronavirus/COVID-19.

- I acknowledge that I or my child(ren) must comply with all set procedures to reduce the spread while attending any City activities.

I attest and verify unconditionally that:

- I or my child(ren) am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

- I or my child(ren) have not traveled internationally within the last 14 days.

- I or my child(ren) have not traveled to a highly impacted area within the United States of America in the last 14 days.

- I or my child(ren) do not believe I or my child(ren) have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

- I or my child(ren) have not been diagnosed with Coronavirus/COVID-19 and not yet cleared as non- contagious by state or local public health authorities.

- I or my child(ren) am/are following all CDC recommended guidelines as much as possible and limiting my/our exposure to the Coronavirus/COVID-19.

To the fullest extent permitted by law, in consideration of the person noted below being allowed to participate, with each and all person/s acknowledging the opportunity to ask questions, be aware and receive full information, understanding and give voluntary consent regarding the potential Coronavirus/COVID-19-related risks in any physical or other activity/ies or direct or indirect participation involved generally and particularly and inherently in parks and/or recreation programs, the undersigned individual/s VOLUNTARILY AND UNCONDITIONALLY on behalf of the undersigned and as well as by the participant personally, if the participant is at least 18 years of age, and for successors in interest AGREE that the undersigned:

- **UNDERSTANDS, ACCEPTS, AND ASSUMES ALL RISKS**, and

- **FOREVER WAIVE/S AND RELEASE/S** the City of Staunton, its departments and agencies, officials, employees, agents, representatives and volunteers (individually and collectively the "City") from any claims and liability of any nature whatsoever, for ANY KIND OF **PERSONAL INJURY, ILLNESS, DEATH**, EXPENSE, COST, AND DAMAGES except those not subject to waiver or release under the law, and

- **FOREVER WAIVE/S AND RELEASE/S** ALL PROPERTY DAMAGE, LOSS AND/OR DAMAGES CLAIMS that may relate, directly or indirectly, to the program and activity/ies connected with the City in any aspect of it/them at any time and at any place whether before, during or afterwards, and

- **FOREVER AUTHORIZE/S BUT DOES NOT OBLIGATE** the City to seek and obtain **CARE, MEDICAL ATTENTION AND TREATMENT** of any kind for the participant whether the treatment occurs without knowledge of the quality of care or treatment provider or facility, and **ACCEPTS FULL RESPONSIBILITY AND LIABILITY FOR ANY CHARGES OR EXPENSES AND/OR COSTS** incurred or related to such care and treatment, whether or not it is covered by any insurance policy, plan or program or agreement of any kind.

Each provision of this document is separable, and each such provision, including each clause, stands on its own. The City does not waive and expressly preserves any immunity of any kind as allowed by law its, its employees, officials, agents, and representatives.

PARTICIPANT NAME:_____DOB: _____

PARENT/GUARDIAN NAME/S: _____ _____

PARENT/GUARDIAN SIGNATURE/S _____ _____

PARTICIPANT SIGNATURE: _____

EMERGENCY CONTACT: _____

WITNESS: _____

DATE: _____