Office Use Only

Site(s):

Siblings:

CAMP STAUNTON 2018
REGISTRATION FORM

Paid:

Pic Use

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Withdrawn, shy	○	○	_____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. **The parent/guardian gives authorization for the child to participate in field trips within the City limits of Staunton.**
   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.**

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 $620 (full payment due by May 1, 2018)

Option 2_____all EIGHT weeks in two payments due May 1 and June 2

Option 3_____for the indicated weeks at $90 per week (by May 1), to be paid by the Monday of each week the child is enrolled. For example, if your child is attending the week of June 4, payment is due the MORNING of the 4th. With this option, $40 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 that your child will be attending camp.
This must be completed or all 8 weeks will be billed to your account.

June 4_____ June 11_____ June 18_____ June 25_____
July 2_____ July 9_____ July 16_____ July 23_____

Amount received: _____ Date_____ Staff initials: _____

RELEASE OF LIABILITY

I Waive all rights and release all claims that might be had against the City of Staunton, its hired or contracted instructors, their employees and sponsoring agents for any and all injuries or losses which may be suffered because of my child's participation in this program in consideration of permission of the City to participate. To the best of my knowledge, my child has no physical or other condition that would interfere with his/her participation.

XX_____ _____

Parent/Guardian Signature Date

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.