Office Use Only
Site(s):
Siblings:

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

CAMP STAUNTON 2020 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Withdrawn, shy	○	○	_____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. 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 $750 (full payment due by April 24, 2020)

Option 2_____all EIGHT weeks in two payments (due April 24 and May 15, 2020)

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 8_____ June 15_____ June 22_____

June 29_____ July 6_____ July 13_____ July 20_____

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.