

# 2018-2019 School Year Camp Registration Packet

\*ONE PACKET PER CHILD

\*IF MEDICATION MUST BE ADMINISTERED DURING CAMP HOURS, PLEASE SEE CAMP DIRECTOR FOR AUTHORIZATION FORM AND CAMP POLICIES CONCERNING THE ADMINISTRATION OF PRESCRIBED MEDICATION.

October	Oct 9 <sup>th</sup> 7am-6pm
November	Nov 19 <sup>th</sup> 7am-6pm
	Nov 20 <sup>th</sup> 7am-6pm
	Nov 21 <sup>st</sup> 7am-3pm
December	Dec 20 <sup>st</sup> & 21 <sup>st</sup> 7am-6pm
	Dec 27 <sup>th</sup> & 28 <sup>th</sup> 7am-6pm
	Dec 31 <sup>st</sup> 7am-3pm
January	Jan 2 <sup>nd</sup> -4 <sup>th</sup> 7am-6pm
February	Feb 14 <sup>th</sup> 7am-6pm
	Feb 15 <sup>th</sup> 7am-6pm
	Feb 19 <sup>th</sup> 7am-6pm
April	April 1 <sup>st</sup> -5 <sup>th</sup> 7am-6pm

Office Use Only:

Packet Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

H/H Info Updated in RecTrac: \_\_\_\_\_

Parent's Info Sheet Given: \_\_\_\_\_

**CAMPER INFORMATION SHEET**

*PLEASE COMPLETE ALL SECTIONS*

NAME OF CHILD ENROLLED IN DAY CAMP: \_\_\_\_\_ DOB: \_\_\_\_\_

LIST ANY ALLERGIES, MEDICAL CONDITIONS, AND SPECIAL NEEDS OF YOUR CHILD: \_\_\_\_\_

Is your child currently taking any medication? YES or NO. Is it prescribed? YES or NO

Medication Name & Dosage:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

GUARDIAN #1: \_\_\_\_\_ RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL #: \_\_\_\_\_ WORK #: \_\_\_\_\_ ALT #: \_\_\_\_\_

***(PLEASE CIRCLE BEST # TO CONTACT YOU)***

GUARDIAN #2: \_\_\_\_\_ RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL #: \_\_\_\_\_ WORK #: \_\_\_\_\_ ALT #: \_\_\_\_\_

***(PLEASE CIRCLE BEST # TO CONTACT YOU)***

EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN—IN CASE WE CANNOT REACH YOU.)

1. NAME: \_\_\_\_\_ RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_

INSURANCE INFORMATION:

NAME OF INSURANCE: \_\_\_\_\_

POLICY #: \_\_\_\_\_

ADDRESS & PHONE #: \_\_\_\_\_

CAMDEN COUNTY PSA LEISURE SERVICE DAY CAMP PROGRAM

**Camper Rules and Regulations**

1. Campers must be five (5) years of age on or before the first day of their camp session. Campers can't be older than fifteen (15) years of age during his/her assigned camp session. INTIAL: \_\_\_\_\_
2. No campers will be checked in before 7:00 am. All campers must be checked out by 6:00 pm. Disregard for this rule will result in an extra time charge; repeated disregard can lead to suspension from the day camp program. Camp times are subject to change due to holidays. INTIAL: \_\_\_\_\_
3. All campers must be signed in and signed out by a parent, legal guardian, or approved person. Proof of legal guardianship is required. Photo ID is required to sign out campers. INTIAL: \_\_\_\_\_
4. A list of approved persons for sign in and sign out must be on file before the first day of camp. INTIAL: \_\_\_\_\_
5. Any out of line behavior, such as fighting, profanity, vandalism, not following the CCRC rules, etc. will result in disciplinary action and/or suspension from the program. All campers are expected to be respectful of themselves, other children, adults, and their surroundings at all times. INTIAL: \_\_\_\_\_
6. Please be aware that we have children in camp with food allergies and camp is a Peanut Butter/peanut product free environment. INTIAL: \_\_\_\_\_
7. All campers will bring a sack lunch with a drink everyday (no glass bottles or containers please). All lunches and drinks must be identified with the campers first and last name. **We cannot accommodate any type of food that needs to be cooked or heated.** All lunch items must be cooked at home. INTIAL: \_\_\_\_\_
8. Camden County Leisure Services and CCRC are not responsible for any lost, broken, or stolen items. INTIAL: \_\_\_\_\_
9. No chewing gum is allowed during camp. INTIAL: \_\_\_\_\_
10. All fees are non-refundable. A registration fee will be due at the time of registration for each child. INTIAL: \_\_\_\_\_
11. Any camper needing personal safety flotation devices for the pool will be responsible for providing their own equipment—and it must be USCG approved. Only those passing the swim test will be allowed to swim outside the shallow area that is roped off for camp. Camps use of the pool is dependent on temp and weather conditions. INTIAL: \_\_\_\_\_
12. No MP3 players, game systems, electronics, or other toys from home are allowed. Any items brought from home will be confiscated and given back to the child upon pick-up. **ABSOLUTELY NO CELL PHONES ALLOWED AT DAY CAMP.** INTIAL: \_\_\_\_\_
13. A medication authorization form must be filled out before any medication will be administered to your child during camp hours. All medicine must be in its original container, labeled with participant's name and prescribing physician. The first dose of any new medication must be administered at home. Medicine must be brought in and picked up daily. Please see the Camp Director for details on our medication policy and for an authorization form. INTIAL: \_\_\_\_\_
14. All camp fees for the week/day **(\$80/\$20)** must be paid before child is signed in. Parent must provide proof of payment at sign in. You may pay fees early. INTIAL: \_\_\_\_\_

I have been advised and understand that the CCPSA Leisure Services Day Camp program is not licensed, and is exempt from licensure by the State of Georgia, rule 591-1-1-.46(b)1. INTIAL: \_\_\_\_\_

I have read, acknowledge, reviewed with my child(ren), and agree to abide by the Camper Rules and Regulations and Parent's Information provided to me at the time of registration.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

CAMDEN COUNTY PSA LEISURE SERVICES

DAY CAMP PROGRAM

**Liability and Emergency Treatment Release**

In consideration of the benefits flowing to the participants as a result of the program named above, the undersigned hereby waives, releases, and forever discharges its officials, employees, and agents, from any and all claims, demands, damages, actions, causes of action or suits of whatsoever kind or nature, including, without limitation, property damage or bodily injury suffered by the undersigned as a result of or in connection with the program named above, including, without limitations, any travel associated therewith.

Being fully aware of the risk of bodily injury, the undersigned does further agree that the participant assumes the risk of any danger involved in the program.

Being desirous of arranging for the medical care and treatment of our minor child during his/her participation in the above mentioned program, do hereby authorize the Camden County Leisure Services Department to act on the following matters on my behalf, and in my place and stead:

To obtain and authorize medical care for said minor child at any hospital, emergency medical center, or any other health or medical facility; by any medical doctor, osteopath, nurse, surgeon, or any other practitioner of a healing art;

To do any other thing or perform any other act, not limited to the foregoing, which the undersigned might do in person, in order to provide for the medical care and welfare of the minor child.

The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child, and to hold the staff authorizing the medical care harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment authorized. This medical authorization shall remain effective until such time as the program has been completed.

Signature of Parent or Legal Guardian \_\_\_\_\_

Name (print) of parent or legal guardian \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Name of Participant \_\_\_\_\_

Date \_\_\_\_\_

CAMDEN COUNTY PSA LEISURE SERVICES

DAY CAMP PROGRAM

**APPROVAL FOR CAMPER SIGN IN/OUT**

PLEASE BE ADVISED THAT ALL CAMPERS MUST BE ACCOMPANIED BY AN APPROVED ADULT WHEN ARRIVING AND DEPARTING CAMP. ANYONE PICKING UP A CAMPER WILL BE ASKED TO SHOW A GOVERNMENT-ISSUED PICTURE ID BEFORE BEING ALLOWED TO SIGN OUT A PARTICIPANT. ANY CHANGES TO THE INFORMATION PROVIDED ON THIS FORM MUST BE MADE IN WRITING. PLEASE LIST ANYONE WHO MAY NEED TO SIGN YOUR CHILD OUT DURING THE PROGRAM. MAKE SURE TO INCLUDE YOURSELF AND ANY OTHER LEGAL GUARDIAN LISTED IN THIS PACKET.

PARTICIPANT'S NAME: \_\_\_\_\_

PERSONS APPROVED TO SIGN NAMED PARTICIPANT IN/OUT:

1. NAME: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

3. NAME: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

4. NAME: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

5. NAME: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

6. NAME: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

7. NAME: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

8. NAME: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

9. NAME: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

10. NAME: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

IS THERE ANYONE WHO MAY TRY TO SIGN YOUR CHILD OUT THAT IS NOT APPROVED?

1. NAME: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

3. NAME: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

4. NAME: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

This information was provided by (name of Parent/Guardian) \_\_\_\_\_

on (date) \_\_\_\_\_.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_