

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

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# 2021 Holiday Camp Registration Packet

Valid December 2021-December 2022

\*ONE PACKET PER CHILD

\*IF MEDICATION MUST BE ADMINISTERED DURING CAMP HOURS, PLEASE FILL OUT AUTHORIZATION TO ADMINISTER MEDICATION FORM.

HOLIDAY CAMP HOURS

DECEMBER 20, 2021

DECEMBER 21, 2021

DECEMBER 22, 2021

DECEMBER 27, 2021

DECEMBER 28, 2021

DECEMBER 29, 2021

JANUARY 3, 2022

Office Use Only:

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

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

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

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 cannot be older than Twelve (12) 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; \$5 for 1-9 minutes late, \$10 for 10-19 minutes late, \$15 for 20-29 minutes, etc. Repeatedly being late for pick up 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 may be 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 by the campers 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 free environment. INTIAL: \_\_\_\_\_
7. All campers will bring a sack lunch with a drink everyday (no glass containers). 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, heated, or refrigerated.** All lunch items must be cooked at home. INTIAL: \_\_\_\_\_
8. Camden County PSA is 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 \$25 registration fee will be due at the time of registration for each child. INTIAL: \_\_\_\_\_
- \*11. Camp fees are \$30/day/child. Enrollment is limited and spaces are not reserved unless payment has been received for each specific week. INTIAL: \_\_\_\_\_
12. No CD players, 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 Medication Authorization Form for details on our medication policy and for an authorization form. INTIAL: \_\_\_\_\_
14. Any camper needing personal safety flotation devices for the pool will be responsible for providing their own equipment—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. 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 \_\_\_\_\_

**CAMPER INFORMATION SHEET**

PLEASE COMPLETE ALL SECTIONS

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

PLEASE LIST ANY ALLERGIES/MEDICAL CONDITIONS/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 #: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

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

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

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

CELL #: \_\_\_\_\_ WORK #: \_\_\_\_\_ Email #: \_\_\_\_\_ @ \_\_\_\_\_

**(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 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: \_\_\_\_\_

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

**FIELD TRIP PERMISSION SLIP IS REQUIRED FOR ALL PARTICIPANTS**

I, \_\_\_\_\_, THE PARENT/GUARDIAN OF  
\_\_\_\_\_(CAMPER) GIVE MY PERMISSION FOR HIM/HER  
TO PARTICIPATE IN ALL FIELD TRIPS SCHEDULED FOR THE 2018 SUMMER DAY CAMP  
PROGRAM.

I UNDERSTAND THAT MY CHILD(REN) MUST BE SIGNED IN BY 8:30 AM ON FIELD TRIP DAYS, AND THAT I MAY NOT SIGN MY CHILD IN OR OUT OF THE DAY CAMP PROGRAM WHILE A FIELD TRIP IS IN PROGRESS.

PARENT/GUARDIAN NAME (PRINT): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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***2021 Holiday Day Camp***

***Photo Release Form***

**Permission to Use Photograph**

Event: CCPSA Summer Day Camp

Location: 1050 Wildcat Drive, Kingsland GA 31548, all field trip locations

I grant to Camden County PSA Leisure Services, the right to take photographs of my child (*child's name:* \_\_\_\_\_) in connection with the above-identified event. I authorize Camden County PSA Leisure Services, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Camden County PSA Leisure Services may use such photographs of me with or without my child's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

CAMDEN COUNTY PSA LEISURE SERVICES DAY CAMP PROGRAM

AUTHORIZATION TO ADMINISTER PRESCRIBED MEDICATION TO PARTICIPANT WHILE IN DAY CAMP

**\*\*Fill out only if camper will need to have medication administered while at Day Camp\*\***  
**\*\*One form for each medication to be administered\*\***  
**\*\*We only administer prescription medication\*\***

Health History Questionnaire

Date: \_\_\_\_\_

I hereby authorize the Recreation Department, through its designated authority, to administer the medication herewith provided according to the instruction contained on the attached statement to my child.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

***Please note: Medication must be in original prescription bottle with name of child and drug on the label and must be brought in and picked up daily. First dose of a new medication must be administered at home for your child's safety.***

Dosage: \_\_\_\_\_ Time(s) to be given: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

BRIEF HEALTH HISTORY

Illnesses: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physical Disabilities: \_\_\_\_\_

Any medical condition that the Day Camp Counselors may need to know about: \_\_\_\_\_

This form must be filled out at the time of registration and a signed copy will be given back to the parent or guardian registering the child. Unless otherwise indicated, administration of medication will terminate two (2) months from the original date of this form. In order to continue medication, a new form must be submitted not later than \_\_\_\_\_ (date of termination)

I hereby acknowledge receipt of this document and agree to adhere to policies set forth.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date