



Camp Registration Form 2017

General Information

Child's Name: _____ Date of Birth: _____

Gender _____ Grade (2016-2017) _____ School _____

Guardian

Name _____

Relation _____

Phone (Home) _____

(Work) _____

(Other) _____

Email _____

Address _____

Second Guardian

Name _____

Relation _____

Phone (Home) _____

(Work) _____

(Other) _____

Email _____

Address _____

Emergency Contact Information

Two contacts OTHER THAN PARENTS/GUARDIANS are *required* for our childcare license.

Emergency Contact #1

Name _____

Relation _____

Address _____

Phone (Home) _____

(Work) _____

(Cell) _____

Emergency Contact #2

Name _____

Relation _____

Address _____

Phone (Home) _____

(Work) _____

(Cell) _____

BACKGROUND INFORMATION Check boxes that apply and please provide detail.

- Food or other allergies: _____
- Physical limitations: _____
- Special dietary requirements: _____
- Medication required: _____
- Other special needs: _____

EMERGENCY INFORMATION

Child's Dentist: _____ Phone: _____

Child's Physician: _____ Phone: _____

In an emergency, do you give permission for SBRP to contact your physician/dentist in case of emergency medical care?

I DO / DO NOT give permission (sign) _____

Authorization of medical care and first aid services.

I DO / DO NOT give permission (sign) _____

Please fill out the **Medication Administration Packet**. This must be filled out to dispense medication during camp.

Health & Medical Waiver:

I attest the information above is correct and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities, except as noted. I hereby give permission to the camp to provide routine health care and seek emergency medical treatment when needed. I agree to the release of any of this information for the necessary treatment, referral, billing, or insurance purposes. In the event of an emergency and I cannot be reached, I hereby give permission to the camp to arrange necessary related transportation for my child and give permission to the physician on duty to secure and administer treatment, including hospitalization.

Signature of Parent/Guardian _____ **Date:** _____

Pick-Up Information

My child may (please circle or describe): WALK / BIKE HOME or WAIT for PICK-UP

My child may go home with (please write in name of adults/siblings 16 years old or older):

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Permission Check Off

I DO / DO NOT give permission for my child to participate in all field trips that are part of the Camp Program.

I DO / DO NOT give permission for my child to participate in any photo or video session that may be part of the Camp Program.

I DO / DO NOT give permission for the Camp Staff to contact my child's school personnel including principal, guidance counselor, teacher or special educator.

I DO / DO NOT give permission to obtain your child's immunization records.

I DO / DO NOT give permission for my child to participate in swimming activities.

Occasionally, an activity may include showing a movie. Licensing regulations require permission from parents for students to view a PG movie. This section gives your permission for child to view a PG movie.

I DO / DO NOT give permission for my child to watch a PG movie that may be part of an activity.

SUNSCRESS/INSECT REPELLANT PERMISSION

I DO/ DO NOT give permission (sign) _____
for the South Burlington Recreation & Parks staff/employees to apply sunscreen and/or insect repellent to my child, for the 2017 summer season. I know this will be done by a counselor of the same gender as my child and will only be done if my child needs help and asks for it.

Additionally, all staff members of South Burlington Recreation & Parks are mandatory reporters. I understand that Vermont law mandates that all South Burlington Recreation & Parks staff report any suspected child abuse or neglect the Department for Children and Families.

YES, I understand _____ (*please initial to indicate your understanding*)

Child's Name: _____

Parent/Guardian's Signature

Date

Parent/Guardian's Name

PARENT HANDBOOK SIGN-OFF SHEET

I have read, understand the information and agree with the policies stated in the Summer Camp Parent Handbook. I have received a copy of the handbook for my own reference.

Parent / Legal Guardian Name (please print)

Parent / Legal Guardian Signature

Date

Waiver Agreement: I attest that the information above is true and correct to the best of my knowledge, and I am fully aware of the risk inherent and hereby give my consent for my child, listed above, to participate in the South Burlington Recreation & Parks Summer Camps. I agree to hold harmless the South Burlington Recreation & Parks Department, the City of South Burlington, its employees, elected officials, and any paid or volunteer staff from any and all liability from any injury, claims, costs, or loss of service which might be incurred by participation in said Camps or related activities or events. I understand that medical insurance coverage is not provided. Permission is hereby granted for my child to receive emergency treatment, if needed and I authorize the attending physician to administer any necessary medical attention.

Consent: I hereby consent to and authorize the South Burlington Recreation & Parks Dept. the rights to publish, reproduce, and use for advertising purposes, any photograph, video image, audio recording, or any other likeness of myself and/or my family.

I have read this waiver carefully and sign it voluntarily with full knowledge of its significance.

Signature of Parent/Guardian _____ Date: _____

Payment Option- Jr. REC Camp Only

I plan on covering tuition by (*check the appropriate box*):

- Paying the tuition fee
- I currently receive childcare subsidy- please provide CCR paperwork
- applying for a South Burlington Recreation & Parks Scholarship

Parent Signature : _____ Date: _____