

**VILLA RICA
PARKS, RECREATION AND LEISURE SERVICES**



**SUMMER CAMP
2016**

SUMMER CAMP REGISTRATION FORM



**VILLA RICA
PARKS, RECREATION AND LEISURE SERVICES
SUMMER DAY CAMP REGISTRATION FORM**

CHILD'S NAME _____
LAST NAME FIRST NAME

ADDRESS _____ CITY _____

COUNTY _____ ZIP CODE _____ PHONE _____

DATE OF BIRTH _____ AGE _____ SEX _____

SCHOOL _____ GRADE _____

CHILD LIVES WITH _____

MOTHER'S NAME _____

PHONE NUMBER (H) _____ (W) _____

CELL # _____ PAGER # _____

FATHER'S NAME _____

PHONE NUMBER (H) _____ (W) _____

CELL # _____ PAGER # _____

PERSONS TO CONTACT IN CASE OF AN EMERGENCY WHEN A PARENT CAN'T BE REACHED

NAME _____ RELATIONSHIP _____

PHONE _____

NAME _____ RELATIONSHIP _____

PHONE _____

FAMILY DOCTOR _____ PHONE _____

SUMMER CAMP SHIRT SIZE: (CIRCLE)

CHILD XS S M L ADULTS M L XL XX

WEEK/WEEKS ATTENDING: (CIRCLE)



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DOES YOUR CHILD NEED ANY REASONABLE MODIFICATION, BECAUSE OF A DISABILITY, TO ENJOY THIS PROGRAM?

YES _____ NO _____ PLEASE EXPLAIN

WILL YOUR CHILD BE TAKING MEDICATION DURING THE PROGRAM HOURS?

YES _____ NO _____ A SPECIAL MEDICATION FORM MUST BE COMPLETED PRIOR TO GIVING A CHILD ANY MEDICATION.

DO YOU GIVE THE PROGRAMS MANAGER / SUMMER CAMP DIRECTOR PERMISSION TO GIVE YOUR CHILD CHILDREN'S TYLENOL IF HIS/HER PHYSICAL CONDITION NECESSITATES IT?

YES _____ NO _____

DOES YOUR CHILD HAVE ANY INCONTINENCE PROBLEMS THAT WE NEED TO BE AWARE OF?

ARE THERE ANY CUSTODY ISSUES WE NEED TO BE AWARE OF TO ENSURE YOUR CHILD'S SAFETY? IF YES, EXPLAIN _____

I have read and understand the discipline policy as set forth in the Parent Handbook. I understand that Villa Rica Parks & Recreation Department has the right to remove my child for disciplinary reasons.

Parent's Signature

Date

Programs Manager's Signature

Date



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SUMMER CAMP 2016 WEEKLY PAYMENT AGREEMENT

I, _____, parent of _____, agree to and understand that payment or balance is due on Wednesday, in advance of the week of attendance, for Summer Camp. If payment is not received by 6:00 p.m. on Wednesday, my child will lose his/her spot for the following week, regardless if a deposit has been paid.

Summer Camp spots are reserved on a first-come, first-served basis. I will be given the opportunity to reserve my child's spot by pre-paying a \$25.00 non-refundable deposit for each week that my child attends.

Parent Signature

Approval – Courtney Powell, VRPRLSD



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SUMMER CAMP 2016 FIELD TRIP RELEASE FORM

I give permission for my child/children, _____

to go on Field Trips with the Villa Rica Parks, Recreation and Leisure Services Department, Summer 2016.

Destination: ALL FIELD TRIPS

(Read Carefully Before Signing)

TO WHOM IT MAY CONCERN:

_____ has my permission to participate in all activities, events and travel sponsored by the Villa Rica Parks, Recreation and Leisure Services Department. I approve of the leaders who will be in charge, realizing that the leaders are serving to the best of their ability, and in consideration of the benefits to be derived by the participants concerned. I hereby voluntarily waive any claim against the leaders and sponsoring institutions for any and all claims which may arise in connection with this program. I certify that the participant has full medical coverage with the company listed below. I also certify that to the best of my knowledge, the participant named herein is physically fit to engage in the activities of the program.

Signature _____ Date _____

Relationship to child

To The Summer Camp Director,

If during the course of my son's/daughter's activities, should he/she become ill or sustain an injury, I hereby authorize you to obtain medical and dental attention.

Signature _____

INSURANCE INFORMATION

INSURANCE COMPANY: _____

GROUP POLICY NUMBER: _____

NAME OF INSURED: _____



PARKS, RECREATION AND LEISURE SERVICES
SUMMER CAMP 2016 AUTHORIZED PICK UP FORM

LIST OF PEOPLE AUTHORIZED TO PICK UP FROM SUMMER CAMP

PARENT: _____

CHILDREN: _____

List any other person(s) PLEASE NOTE: MUST SHOW PICTURE ID

NAME: _____ **NAME:** _____

ADDRESS: _____ **ADDRESS:** _____

PHONE: _____ **PHONE:** _____

NAME: _____ **NAME:** _____

ADDRESS: _____ **ADDRESS:** _____

PHONE: _____ **PHONE:** _____

NAME: _____ **NAME:** _____

ADDRESS: _____ **ADDRESS:** _____

PHONE: _____ **PHONE:** _____

NAME: _____ **NAME:** _____

ADDRESS: _____ **ADDRESS:** _____

PHONE: _____ **PHONE:** _____

SIGNATURE: _____



**PARKS, RECREATION AND LEISURE SERVICES
AUTHORIZATION FOR MEDICATION FORM**

ONLY PRESCRIPTION MEDICATION WILL BE GIVEN

No medication shall be given by the staff except in special circumstances arranged by the Summer Camp Director, at which time a signed note from the parent/guardian giving permission must be on file with the Recreation Department.

CHILD'S NAME _____

MEDICATION AND PRESCRIPTION NUMBER _____

NOTE: MEDICATION MUST BE IN ORIGINAL CONTAINER

TIME MEDICATION IS TO BE GIVEN _____

AMOUNT OF MEDICATION TO BE GIVEN _____

PARENT/GUARDIAN SIGNATURE _____

PROGRAMS MANAGER'S SIGNATURE

DATE

FOR STAFF USE ONLY

DATE/TIME MEDICATION GIVEN	ADMINISTERED BY

COMMENTS:



**PARKS, RECREATION AND LEISURE SERVICES
SUMMER CAMP 2016**

Dear Parent:

We strive to provide an atmosphere that is conducive to safety and appropriate behavior while attending Summer Camp. Maintaining proper conduct while in Summer Camp is the joint responsibility of the campers, parents and staff. Because of your child's recent behavior, it is my responsibility to report the following violations to you.

Infraction:

Refusing to obey counselor _____

Fighting _____

Profanity _____

Disrespect to staff _____

Failure to follow directions _____

Failure to remain seated _____

Involved in physical contact _____

Other _____

Disciplinary action taken by Counselor:

Conference with camper _____

Warning _____

Letter to parent/guardian _____

Time out _____

Phone call _____

Comments: (Be Specific)

1st Offense_____ 2nd Offense_____ 3rd Offense_____

Note: on 3rd offense, child will be dismissed for the remainder of Summer Camp.

Camper's Name

Counselor's Name

Camp Director's Signature

Date