

**Community Development Services  
Parks & Recreation  
2016 Programming  
Child Information Form**

**Day Camp Form  
\$15.00 Registration Fee for all Day Camp  
Participants (T-Shirt Included)**

**Parent Information:**

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Name of Child      Age      Past Year's Grade      Date of Birth

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Name of Parent/ Guardian      Home Phone Number

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Cell Phone Number      Work Phone Number

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Address City, Zip  
\*If you would like updates and announcements emailed to you, please clearly spell out your  
Email address: \_\_\_\_\_

Person to be notified in an emergency situation when parent is unavailable:  
(Please list someone other than a parent.)

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Name      Cell Phone Number      Work Phone Number

**Medical Information:**

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Child's Physician City Phone

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Health Insurance Carrier Policy / Group Number

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Allergies/ Other Conditions  
Is your child currently under medication or treatment? Yes \_\_\_ No \_\_\_  
If yes, give type, dosage, frequency, and symptoms: \_\_\_\_\_

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If staff has to administer medication, a medication release form **MUST** be issued.  
My child will be leaving by way of:  
\_\_\_ Bike \_\_\_ TAT \_\_\_ Walking \_\_\_ Parent  
Other persons my child may be released to:  
(If they are not listed your child will not be released to them without a note or a call from you.)

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**Please Circle T-Shirt Size:**

Children's:      Adults:  
S   M   L      S   M   L   XL



**Permission's Waiver and Authorizations:**

Child's Name: \_\_\_\_\_

The above named child has my permission to attend the Caro Parks and Recreation/ Community Development Services Summer Day Camp Programs. I realize that by signing this form, I will not hold the city of Caro or community Development Services, its employees, or organizers of the program responsible for any injuries that may occur during the program hours. I also realize that the staff and program organizer will do everything possible to offer a safe and injury-free program. I also realize that by participating in this program there is a certain degree of risk and that injury may occur.

\_\_\_\_\_  
Signature of Parent/ Guardian Date

I hereby give my permission to the City of Caro/Community Development Services Staff to obtain emergency medical and or surgical treatment for the above named minor/ child of such treatment is deemed by professional, trained medical personnel. I also understand that the City of Caro/Community Development Services will not be held responsible for any medical cost.

\_\_\_\_\_  
Signature of Parent/ Guardian Date

I hereby assume full responsibility for the behavior of my child. I realize that my child may be dismissed for the program due to inappropriate behavior/bullying that disrupts the program and/or actions that may cause harm to themselves, or other children and/or staff. In the event that he or she damages or destroys property belonging to the Summer Day Camp Program, City of Caro/Community Development Services or any other vendor or contractor associated with the program, I will replace the damaged item (s), equipment and/or materials.

\_\_\_\_\_  
Signature of Parent/ Guardian Date

I hereby realize that for my child's security and the security of all the children registered, program staff cannot and will not release a child to someone not listed on the child's information records. I also hereby realize that the staff may, at their discretion request to see identification of those picking up my child if they are unfamiliar with the individual.

\_\_\_\_\_  
Signature of Parent/ Guardian Date

I hereby agree to allow the City of Caro/Community Development Services and all media to use, produce and/or reproduce my child's name, picture and/or likeness to promote, provide coverage for/or any other official business as needed.

\_\_\_\_\_  
Signature of Parent/ Guardian Date

I hereby understand the following fee schedule for day camp: **Weekly Rate per child:** \$45 city residents, \$50 non city **Daily rate per child:** City residents \$11, non-city residents \$12 **Hourly Drop in Rate per child** City residents \$2.10/hour, \$2.20/hour non city residents. In addition to \$2 an hour/child for the following times 7:00a.m.-9:00a.m. and 3:00p.m.-5:45p.m. If fees are not paid 24 hours after receiving invoice your child will no longer be able to attend Parks and Recreation activities and will immediately be removed from camp. If your child is picked up after 6:30 a \$1/minute fee will occur.

\_\_\_\_\_  
Signature of Parent/ Guardian Date

I hereby understand day camp participants will receive 50% off of sports and other related parks and recreation activities on **only** weeks they are registered to attend day camp. Child must attend the **full** week of day camp on which the sport camp is held to receive discount. All Registration fees and or cost or non-refundable. I hereby understand the following fee schedule for sports camps: Basketball camp: \$25 city residents, \$30 non city residents. Golf Camp: \$35 in city \$40 non city residents. Tennis camp: \$25 city residents, \$30 non city residents

\_\_\_\_\_  
Signature of Parent/ Guardian Date

# Child's Medication Release Form

Child's Name: \_\_\_\_\_

I, the undersigned parent/legal guardian, acknowledge that my child is in good health. I understand that I must list any health restrictions, allergies, or medications in the space provided below that pertain to the above named child.

The above named child has the following:

Health Restrictions: \_\_\_\_\_

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

Medications: \_\_\_\_\_

I understand that the City of Caro/Community Development Services will not be responsible for anything that may happen as a result of health information incorrectly shared or not shared or not shared on this form.

I assume complete responsibility that my child is in good health and assume responsibility for my child's state of health while he/she is in attendance at Day camp.

\_\_\_\_\_  
Date Print Parent/Guardian Name

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

**Parental Consent, Warranty of Physical Health and Waiver of Liability**

We, being either the natural or adoptive parents or legal guardian for the individuals whose names are set forth on the registration form, represent and warrant that the child is physically healthy and able to participate in the activities for which the child is registered, acknowledging the full understanding of such activities and an opportunity to review with the Department any and all questions regarding such activities. We further represent that to our knowledge, such child or children have no physical health problems, which would affect participation. We further represent that we have full authority on behalf of such child or children to consent to the child's participation and do consent to such participation. We acknowledge that participation in recreational activities carries the risk of serious injury or death from occurrences during such activities, including, but not limited to. Being struck by objects, slip, trip or fall, being injured by other participants, and other health hazards. We fully release and absolve from liability the City of Caro/Community Development Services, its employees, agents' contractors and those participating with it from any and all liability, injury or damages on behalf of our child, and individually on behalf of us. This release extends to personal and bodily injury, as well as property damage. The above includes a waiver of liability and should be read carefully and fully before signing. I the undersigned, hereby agree to allow the individual(s) name hereon to participate in the City of Caro/Community Development Services I certify that, to the best of my knowledge, the participant(s) named hereon is/are physically fit and able to engage in Parks & Recreation activities. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian/participant. I hereby authorize the City of Caro/Community Development Services to use all photos, both video and audio portion of videotapes on which my dependent or I appear. I understand that portions of these tapes may be used in other programs, training aids, and productions at the discretion of the City of Caro/Community Development Services

Allergies, if any (use back if necessary): \_\_\_\_\_

Parents/Guardian Signature Date

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