

Camper's Name: _____

2017-2018 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.

Thanksgiving Break: Nov 20th 7am-6pm

Nov 21st 7am-6pm

Nov 22nd 7am-3pm

Winter Break

December 18-21 7am-6pm

December 27-29 7am-6pm

January 2nd & 3rd 7am-6pm

Spring Break April 2-6 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: _____

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 #: _____ 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 will result in disciplinary action and/or suspension from the program. All campers are expected to be respectful of themselves, other children and adults, and their surroundings at all times. INTIAL: _____
6. 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: _____
7. Camden County Leisure Services and CCRC are not responsible for any lost, broken, or stolen items. INTIAL: _____
8. No chewing gum is allowed during camp. INTIAL: _____
9. All fees are non-refundable. A registration fee will be due at the time of registration for each child. INTIAL: _____
10. 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. INTIAL: _____
11. 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. INTIAL: _____
12. 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. We will not administer any non-prescription medication. 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: _____

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

FIELD TRIP PERMISSION SLIP

I, _____, THE PARENT/GUARDIAN OF

_____ (CAMPER) GIVE MY PERMISSION FOR HIM/HER
TO PARTICIPATE IN ALL FIELD TRIPS SCHEDULED FOR THE 2017-2018 SCHOOL YEAR 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: _____

2017-2018 School Year

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