

# Charles City County Department of Parks & Recreation



## SUMMER CAMP REGISTRATION FORM \*Youth Ages 5-15\*

Participant Information:		
Name:	Age:	Date of Birth:
Address:	City, State, Zip:	
Parent/Guardian:	Home Phone #:	Work Phone #:
Cell Phone #:	Email Address:	
Emergency Contact:	Phone #:	

Child Swimming Skill Level:
<input type="checkbox"/> Beginner <input type="checkbox"/> Advanced Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

Shirt Sizes:
<input type="checkbox"/> YOUTH <input type="checkbox"/> SM <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> ADULT <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL

Bus Route:	
Will your child be transported by bus to Summer Camp? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please check the appropriate location for your pick up/drop off point (check only one).	
<u>Bus #28, Driver TBA</u>  <input type="checkbox"/> Adkins Store <input type="checkbox"/> Cedar Grove Baptist Church <input type="checkbox"/> Samaria Baptist Church <input type="checkbox"/> Jean Cat's Store <input type="checkbox"/> Union Baptist Church <input type="checkbox"/> Harrison Park <input type="checkbox"/> Colonial Mart <input type="checkbox"/> Sign Post Apartments <input type="checkbox"/> Gilfield Baptist Church <input type="checkbox"/> Little Elam Baptist Church <input type="checkbox"/> Charles City Health Department	<u>Bus #32, Driver TBA</u>  <input type="checkbox"/> Mt. Pleasant Baptist Church <input type="checkbox"/> Sandy Point Superette <input type="checkbox"/> S. S. Sub Shop <input type="checkbox"/> Old Dr. Howard's Office <input type="checkbox"/> Parrish Hill Baptist Church <input type="checkbox"/> Old Barnett School <input type="checkbox"/> New Vine Baptist Church <input type="checkbox"/> Government Complex <input type="checkbox"/> Ruthville Post Office Road <input type="checkbox"/> Charles City High School

Persons authorized to pick up child (other than parents):

\_\_\_\_\_

Persons not authorized to pick up child: \_\_\_\_\_

**Special Needs/ Medical Conditions/ Allergies:**

\_\_\_\_\_

**List any medications that your child will be taking during the program:**

\_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Preferred Hospital is Medical Attention Needed:** \_\_\_\_\_

- I. In case of an emergency, the Charles City County Parks & Recreation has my (parent/guardian) permission to call my family physician or another physician when my family physician or I cannot be reached. The staff is authorized to administer first aid to my child. In addition, the staff is authorized to administer emergency care or take my child to the emergency room of the nearest hospital and its medical staff has my permission to provide treatment that a physician deems necessary for the wellbeing of my child. Additionally, I will provide written permission for any medication that must be distributed to my child by the Program staff. I (parent/guardian) understand medication will only be administered from an official pharmacy container with the child's name, dosage, and doctor listed on the container.
- II. I (parent/guardian) certify that I agree to assume all risks in connection with my child's participation in the Charles City County Parks & Recreation Summer Camp Program and do hereby release Charles City County, their employees, representatives, and volunteers from all liability and that I (parent/guardian) bear the responsibility for carrying the appropriate medical and hospitalization insurance on the above named child.
- III. Charles City County Parks & Recreation Summer Camp Staff will notify me (parent/guardian) should my child become ill or uncontrollable and I will be responsible for picking up my child immediately upon notification.
- IV. I (parent/guardian) give permission for my child to attend any field trips while in the Charles City County Parks & Recreation Summer Camp Program. I (parent/guardian) give permission for my child to be transported by Charles City County Recreation Staff who are duly licensed drivers.
- V. I (parent/guardian) give my child permission to participate in swimming activities conducted at the Charles City County Social Center and/or during field trips conducted by the Charles City County Parks & Recreation Summer Camp Program.
- VI. I (parent/guardian) agree to allow photographic images or myself and/or my children to be taken in the Parks & Recreation Summer Camp Program to be used for promotional purposes by the Charles City County Parks & Recreation.
- VII. I (parent/guardian) agree to adhere to the Charles City Parks & Recreation Summer Camp program rules and procedures to ensure the health and safety of my child and other children participating in the program.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only	
<b>Form Received By:</b>	<b>Date:</b>
<b>Birth Certificate Received By (5yo):</b>	<b>Date:</b>