

Morgan County Parks and Recreation Department

2018 Fall Break Camp Registration (K-4 through 6th)

Please Print Clearly

Participant's Name _____

Grade completed _____ *All participants must have reached at least 4 years of age before the first day of camp.*

Date of Birth ___/___/___ Age _____ Sex _____ School _____

Address _____ City _____ State _____ Zip _____

Parent E-mail Address _____

Home Phone _____ Work Phone _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Special Note: _____

Sibling Name – If also enrolled in Day Camp _____

<input type="checkbox"/> Fall Break Camp October 8-12 \$110.00 <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center;">DEPARTMENT USE ONLY</p> <p style="text-align: center;"><u>Fees Paid:</u></p> <p><input type="checkbox"/> Credit Card _____</p> <p><input type="checkbox"/> Check – Number _____</p> <p><input type="checkbox"/> Money Order – No. _____</p> <p>Total Due Today: \$ _____</p> <p>Special Note: _____</p> </div>	<div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center;">AUTHORIZED PICK-UP POLICY</p> <p style="text-align: center; color: red;">PHOTO I.D. REQUIRED FOR DAILY PICK UP.</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center; background-color: yellow;">LUNCH AND SNACKS NOT PROVIDED</p> <p style="text-align: center; color: red;">PARENTS PROVIDE LUNCH FROM HOME, AM AND PM SNACKS DAILY.</p> <p style="text-align: center;">THURSDAY FIELD TRIP- MOVIE</p> <p style="text-align: center;">FRIDAY-MORNING SWIM</p> </div>
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Parents of children with special needs or developmental disability must consult with the Day Camp Director prior to camp before registration can be considered complete. Accommodations needed based on available resources; one-on-one assistance is not guaranteed.

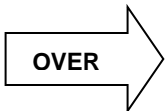
Parent Handbook: Initial stating that you will read and abide by the policies outlined in the Parent Handbook: _____

Notice of Exemption: I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements. Initial _____

Statement of Understanding

- Weekly fee is due on Monday morning- October 8, 2018.
- For WEEKLY enrollment: full rate of \$110.00 is due regardless of whether my child attends the full week. (Out of county WEEKLY enrollment fee \$135.00)
- For DAILY enrollment: daily fee of \$35.00 is due the morning of each individual day child is enrolled with an additional fee day of field trip. (out of county additional fee of \$25.00 weekly)
- Failure to pay on scheduled date results in a late payment fee of \$10 and is cause for removal from the program.
- A written notice is required in the event that my child is withdrawn from Day Camp.
- If my child is withdrawn before a written notice is provided, full payment is due.
- I understand and agree to abide by the policies and procedures outlined in the Parent Handbook.

• **Parent/Guardian Signature** _____ **Date** _____



PARTICIPANT WAIVER & RELEASE OF LIABILITY

MUST BE SIGNED TO PROCESS REGISTRATION

In consideration of the named participant being allowed to participate in any way in the Morgan County Parks and Recreation Department programs, related events and activities, I, the parent/ legal guardian, of the named child, or as an adult participant, hereby acknowledges, appreciates, and agrees to the following:

1. The risk of injury or damages to my child and/or myself from the activities involved in the programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, HEREBY INDEMINIFY AND HOLD HARMLESS the Morgan County Board of Commissioners, and all employees or agents of Morgan County, including all individuals who are affiliated with the programs administered by the Parks and Recreation Department of Morgan County ("Releases"), from any and all liabilities incident to my involvement or participation in these programs or transportation to and from activities, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my and/or my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I hereby grant consent to any and all first aid responders designated by the Morgan County Parks and Recreation Department to provide my child any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from first aid responders.
6. I further understand that health or accident insurance which would cover my or my child's medical, hospital, or related expenses in the event of injury in this activity is my responsibility. I understand the Parks & Recreation Department of Morgan County strongly recommends that if I do not have sufficient insurance to cover such incidents that I should take the necessary action to obtain it.
7. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my or my child's readiness for participation and/or in the program itself, I will remove myself or my child from the participation and bring such attention of the nearest official immediately; and,
8. I understand that I am bound to abide by the Morgan County Parks & Recreation Department's Code of Conduct. I further understand that these programs are recreational and that if either parent should exhibit continued unsportsmanlike conduct, the child may be removed from the program.
9. I understand that the department may use participant images or videos, and that such may be published in an outlet used to promote or publicize the program or department.
10. In addition, I understand that it is mandatory for a parent of all competitive youth sports participants to complete the Parent Information Orientation training before their child can participate in a youth sports program.

I HAVE READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK AGREEMENT AND WAIVER. I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature _____ **Date** _____

MORGAN COUNTY PARKS AND RECREATION DEPARTMENT

2018 FALL BREAK CAMP

Medical Information Form

Participant's Name _____

Is the participant covered under your health insurance plan? Yes No

Medical Insurance Company: _____

Physician's Name: _____ Phone _____

Hospital Preference: _____ **required**

List any known allergies:

List any current medications:

List any current injuries/illnesses:

List any recent hospitalizations (within the past 6 months):

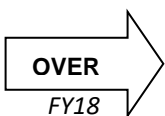
Please indicate whether your child has any of the following conditions:

- | | | | |
|--|------------------------------|-----------------------------|------------------------|
| Allergies- Nuts or Tree Nuts..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain: _____ |
| Autism/Spectrum Disorder..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain: _____ |
| Attention Deficient/Hyperactivity..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain: _____ |
| Behavior Disorder..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain: _____ |
| Cerebral Palsy..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain: _____ |
| Cystic Fibrosis..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain: _____ |
| Developmental Delay..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain: _____ |
| Emotional Disturbance..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain: _____ |
| Epilepsy/Seizure Disorder..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain: _____ |
| Hearing Impairment..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain: _____ |
| Learning Disability..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain: _____ |
| Intellectual Disability..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain: _____ |
| Mobility Limitation..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain: _____ |
| Motor Learning Disability..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain: _____ |
| Speech Impairment..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain: _____ |
| Spina Bifida..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain: _____ |
| Traumatic Brain Injury..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain: _____ |
| Vision Impairment..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain: _____ |

Please note if your child has a condition not listed above and specify any special care needed for your child: _____

Use a separate sheet if needed

Fall Break Camp 2018



**MORGAN COUNTY PARKS AND RECREATION DEPARTMENT
2018 FALL BREAK CAMP**

- Please **list anyone including yourself, the parent/guardian**, who is **authorized** to pick up your child from Day Camp at any time.
- Please note that individuals not listed on this form will not be allowed to pick your child up from our program without written consent from the parent/guardian.
- We require individuals authorized to pick up a child to provide photo identification. Individuals without photo identification will not be allowed to pick up participants.

Authorized List

Name	Relationship	Phone Number

Not Authorized to Pick-up Participant

- Please list anyone who is **NOT ALLOWED** to pick up your child. The purpose of this section is to ensure the protection of children where custodial issues are involved. Upon registration, speak with the Camp Director and provide proper documentation and an emergency code will be noted on the daily camper sign out sheet.
- Individuals on this list can only be removed by written consent from the parent/guardian who enrolled the participant in the Day Camp program.

Not Authorized List

Name	Comments/Relationship	Phone Number

Parent/Guardian Signature _____

Date _____

**MORGAN COUNTY PARKS AND RECREATION DEPARTMENT
2018 FALL BREAK CAMP - PARENTAL CONSENT FORM
FIELD TRIPS AND POOL TRIPS**

By signing below, I give permission for my child _____ to attend the all field trips for MCRD Day Camp.

The participant hereby agrees to participate in Fieldtrips and hereby agrees to indemnify and hold harmless Morgan County Parks and Recreation Department, its employees, directors, and affiliates against any liability that may occur to the participant while participating in the Day camp. Summer Enrichment Programs and/or any employees and/or any affiliates waive any responsibility for accidents and/or injury that may occur before, during, or after Day Camp activities. The participant also agrees to indemnify The Morgan County Parks and Recreation Department for any damages incurred arising claims, demand, action or cause of action by the participant. The participant authorizes any representative of The Morgan County Parks and Recreation Department Day camp to have the participant treated in any medical emergency during their participation in DAY CAMP PROGRAMS. Further, the participant and/or parent/guardian agree to pay all costs associated with the medical care and transportation for the participant. I have noted on The Morgan County Parks and Recreation Department Day camp REGISTRATION FORMS any medical/health problems of which the staff should be aware. I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE. I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE STATEMENT.

- There is no alternative for campers that are not attending the planned field/pool trips.
- If child has not arrived to camp by the departure time or if a child is not attending the field/pool trips, then parents will be responsible for making other arrangements for their child for that day.

<u>Field Trip Location</u>	<u>Field Trip Date</u>	<u>Depart</u>	<u>Return</u>
MCES PLAYGROUND	DAILY- AM	10:30	12:00
<i>(Weather and activities factor trips to MCES Playground)</i>	DAILY- PM	2:00	4:00
	<u>Thursday Field Trip</u>		
Parkside Main & Theatre/Greensboro	OCTOBER 11	10:00	3:00

POOL TRIP

On Friday, my child will participate in a pool trip to the Morgan County Aquatics Center. Participants will leave at 10:30 a.m. and return to the gym by 12:00 p.m. Subject to change due to weather.

Check appropriate box: Life Jacket YES/Childs Weight _____ NO/Child swims independently

All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders.

Parent/Guardian Name _____

Child's Name _____

Parent/Guardian Signature _____

Date _____

**MORGAN COUNTY PARKS AND RECREATION DEPARTMENT
2018 FALL BREAK CAMP – EMERGENCY CONTACT INFORMATION**

**COMPLETE EMERGENCY CONTACT INFORMATION FORM; FORM FILED SEPARATELY FOR
QUICK REFERENCE AND FIELD TRIPS.**

Please Print Clearly

Participant's Name _____

Date of Birth ___/___/___ Age _____ Sex _____ Hospital Preference _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Emergency Contact _____ Phone _____

Other than Mother or Father

Sibling Name – If also enrolled in Day Camp _____

I hereby acknowledge all statements are accurate and have adequately communicated all dietary, medical, special, and/or behavioral needs in depth with the Camp Director.

Parent/Guardian Signature _____ Date _____

MEDICATION AUTHORIZATION:

Before any medication is dispensed to my child, written authorization which includes: date, name of child, name of medication, prescription number, and, if any: dosage, date and time of day medication is to be given is required. Medicine will be in the original container with my child's name written on it; this includes over the counter medications.

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Signature: _____ Date: _____
Parent/Guardian

Signature: _____ Date: _____
Recreation Department Representative