

# Morgan County Parks and Recreation Department

## 2019 Winter Break Camp Registration (K4 - 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"/> <b>Spring Break Camp February 18-20 \$75.00</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center;"><b>DEPARTMENT USE ONLY</b></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-bottom: 5px;"> <p style="text-align: center;"><b>AUTHORIZED PICK-UP POLICY</b></p> <p style="text-align: center; color: red;"><b>PHOTO I.D. REQUIRED FOR DAILY PICK UP.</b></p> </div> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; background-color: yellow;"><b>LUNCH AND SNACKS NOT PROVIDED</b></p> <p style="text-align: center; color: red;"><b>PARENTS PROVIDE LUNCH FROM HOME, AM AND PM SNACKS DAILY.</b></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.**

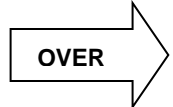
**Parent Handbook:** Initial stating that you will read and abide by the policies outlined in the Parent Handbook: \_\_\_\_\_

**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- February 18, 2019.
- For WEEKLY enrollment: full rate of \$75.00 is due regardless of whether my child attends the full week. (Out of county WEEKLY enrollment fee \$100.00)
- 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

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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  
2019 Winter 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):  
\_\_\_\_\_

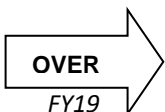
**Please indicate whether your child has any of the following conditions:**

- Allergies- Nuts or Tree Nuts.....     Yes     No    If yes, explain: \_\_\_\_\_
- Autism/Spectrum Disorder.....     Yes     No    If yes, explain: \_\_\_\_\_
- Attention Deficient/Hyperactivity.....     Yes     No    If yes, explain: \_\_\_\_\_
- Behavior Disorder.....     Yes     No    If yes, explain: \_\_\_\_\_
- Cerebral Palsy.....     Yes     No    If yes, explain: \_\_\_\_\_
- Cystic Fibrosis.....     Yes     No    If yes, explain: \_\_\_\_\_
- Developmental Delay.....     Yes     No    If yes, explain: \_\_\_\_\_
- Emotional Disturbance.....     Yes     No    If yes, explain: \_\_\_\_\_
- Epilepsy/Seizure Disorder.....     Yes     No    If yes, explain: \_\_\_\_\_
- Hearing Impairment.....     Yes     No    If yes, explain: \_\_\_\_\_
- Learning Disability.....     Yes     No    If yes, explain: \_\_\_\_\_
- Intellectual Disability.....     Yes     No    If yes, explain: \_\_\_\_\_
- Mobility Limitation.....     Yes     No    If yes, explain: \_\_\_\_\_
- Motor Learning Disability.....     Yes     No    If yes, explain: \_\_\_\_\_
- Speech Impairment.....     Yes     No    If yes, explain: \_\_\_\_\_
- Spina Bifida.....     Yes     No    If yes, explain: \_\_\_\_\_
- Traumatic Brain Injury.....     Yes     No    If yes, explain: \_\_\_\_\_
- Vision Impairment.....     Yes     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**

Winter Break Camp 2019



**MORGAN COUNTY PARKS AND RECREATION DEPARTMENT  
2019 Winter 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  
2019 WINTER 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