

# 2019 Summer Camp Information Sheet

Camper's Name: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ email: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ email: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact:** *Should be someone other than a parent/guardian in the event that we are unable to contact you.*

Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorized Adult to pick up your child (including parents):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

T-Shirt Size: YS YM YL AS AM AL AXL

### Camper Medical Information

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Behavior Problems or Special Considerations: \_\_\_\_\_

\_\_\_\_\_  
\* In the event of an emergency while my child is under the supervision of Leisure Services Day Camp, I understand that camp staff will contact emergency services first and then contact me. In the event that I, and/or the emergency contacts I provided, cannot be reached, I hereby give permission to Leisure Services Day Camp to secure proper treatment.

\_\_\_\_ Yes    \_\_\_\_ No

### Medication Authorization

Although we encourage medication to be given to your child before or after camp, we understand there may be a need for your child to receive medications during camp hours. In order for medications to be administered by our staff, it must be brought to camp in its original container with clearly written directions for use.

Name of medication: \_\_\_\_\_ Days: \_\_\_\_\_ Times: \_\_\_\_\_ Dosage: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Days: \_\_\_\_\_ Times: \_\_\_\_\_ Dosage: \_\_\_\_\_

I hereby give my consent for Leisure Services Camp Staff to administer medication to my child,

\_\_\_\_\_, as prescribed in the above instructions.

.Signature of Parent/Guardian: \_\_\_\_\_

### Sunscreen Permission and Swimming Ability

Permission for staff to apply sunscreen when needed? \_\_\_\_ Yes    \_\_\_\_ No

Sun sensitivity: \_\_\_\_ Yes    \_\_\_\_ No      Sunscreen allergy: \_\_\_\_ Yes    \_\_\_\_ No

Swim ability (circle one):

Cannot swim      Pre-beginner (needs help)      Fair/beginner      Good/Intermediate      Excellent

### Field Trip Authorization

\_\_\_\_\_ I give permission for my child to attend all field trips as part of the Cookeville Leisure Services Day Camp Programs.

\_\_\_\_\_ I DO NOT give permission for my child to attend any field trips as part of the Cookeville Leisure Services Day Camp Programs. I understand that by checking this I will need to make alternate plans for my child on field trip days.

### Photo Authorization

Throughout the summer we take lots of photos of camp activities. We use these photos for the newspaper, website and other media outlets. If you do not want your child's photo used for these purposes, please inform the camp staff.

\_\_\_\_\_ I give permission for my child to be included in photos as part of the Cookeville Leisure Services Day Camp Programs.

### Parent Handbook Acknowledgment

I acknowledge receipt of a Parent Handbook. I understand that it is my responsibility to read the Parent Handbook, and by signing this form, agree to abide by all of the policies and procedures of the Cookeville Leisure Services Day Camp Program.

I have read and understand the following policies:

- \_\_\_\_\_ Cancellation Policy
- \_\_\_\_\_ Late Fee Policy
- \_\_\_\_\_ Payment Policy
- \_\_\_\_\_ Discipline Policy
- \_\_\_\_\_ Pick up and Drop off Policy

Parent/Guardian Signature: \_\_\_\_\_

### Waiver and Agreement

In consideration of my child's participation in the City of Cookeville Camp Programs I am fully aware that the Department and employees are not to be held responsible for any injuries or mishaps which may occur. I understand the risks involved and am voluntarily having my child participate. If they do receive an injury for which a claim is made, I agree to hold the City of Cookeville harmless from any present and future claims due to the injury. I also understand that I am fully responsible for all payments prior to the week my child attends camp.

Parent\Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Summer Day Camp Enrollment Calendar

I understand that by filling out this calendar I am reserving the time, space, staff and supplies for my child whether he/she attends or not. **Refunds or credits will not be given due to illness or change of plans.**

Parent/Guardian's Signature \_\_\_\_\_

### ATHLETIC CAMPS

Please check all of the athletic camps your child will be attending.

- |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Basketball Camp (June 3 <sup>rd</sup> -7 <sup>th</sup> )<br><input type="checkbox"/> Lacrosse Camp (June 10 <sup>th</sup> -14 <sup>th</sup> )<br><input type="checkbox"/> All Sports Camp (June 17 <sup>th</sup> -21 <sup>st</sup> )<br><input type="checkbox"/> Basketball Camp (June 24 <sup>th</sup> -28 <sup>th</sup> ) | <input type="checkbox"/> All Sports Camp (July 8 <sup>th</sup> -12 <sup>th</sup> )<br><input type="checkbox"/> Basketball Camp (July 15 <sup>th</sup> -19 <sup>th</sup> )<br><input type="checkbox"/> All Sports Camp (July 22 <sup>nd</sup> -26 <sup>th</sup> ) |
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### RECREATIONAL DAY CAMP

Please fill out the following calendar to enroll in Leisure Services Summer Day Camp Program. Initial all of the days your child will attend.

Week	Monday	Tuesday	Wednesday	Thursday	Friday
1	CLOSED	28	29	30	31
2	3	4	5	6	7
3	10	11	12	13	14
4	17	18	19	20	21
5	24	25	26	27	28
6	JULY 1	2	3	CLOSED	5
7	8	9	10	11	12
8	15	16	17	18	19
9	22	23	24	25	26