

Oconee County Parks and Recreation Department

2018 Summer Day Camp Registration Form - THE REC (K-5th)

Please Print Clearly

Participant's Name _____

Grade completed this year _____ *To be eligible for camp, all participants must have completed kindergarten*

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 _____

Emergency Contact _____ Phone _____

Please list someone other than parent/guardian.

Sibling Name – If also enrolled in Summer Day Camp _____

Person responsible for paying Summer Day Camp fees _____

Address – *if different from child* _____
Street City State Zip Code

Shirt Size – Circle one:

Youth: X-Small Small Medium Large

Adult: Small Medium Large X-Large

<p><u>Check Week(s) Registering to Attend</u></p> <p><input type="checkbox"/> Week 1: May 21 - 25 \$110</p> <p><input type="checkbox"/> Week 2: May 29 – June 1* \$88</p> <p><input type="checkbox"/> Week 3: June 4 – 8 \$110</p> <p><input type="checkbox"/> Week 4: June 11 – 15 \$110</p> <p><input type="checkbox"/> Week 5: June 18 – 22 \$110</p> <p><input type="checkbox"/> Week 6: June 25 – 29 \$110</p> <p><input type="checkbox"/> Week 7: July 2 – 6* \$88</p> <p><input type="checkbox"/> Week 8: July 9 – 13 \$110</p> <p><input type="checkbox"/> Week 9: July 16 – 20 \$110</p> <p><input type="checkbox"/> Week 10: July 23 – 27 \$110</p> <p>* We will be Closed Monday 5/28 and Wednesday 7/4.</p>	<p style="text-align: center;">DEPARTMENT USE ONLY</p> <p><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>1st Weekly Payment: \$ _____</p> <p>Session(s) Deposit: \$ _____</p> <p>Total Due Today: \$ _____</p> <p>Special Note: _____</p>
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Parent Handbook

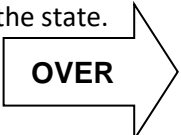
Please initial stating that you will read and abide by the policies and procedures outlined in the Parent Handbook: _____

Statement of Understanding

- Deposit of \$30 per week per child is due to reserve a spot for each summer week. Deposits are non-refundable.
- Remainder of weekly fees are due no later than 9 a.m. Monday each week your child is enrolled.
- Full rate of \$110 (\$88, if 4 day week) is due regardless of whether my child attends the full week.
- Failure to pay when due results in a late payment fee of \$10 and is cause for removal from the program.
- Out of County Fee - \$20 per week of camp, per child.
- A two-week written notice is required in the event that my child/children is/are withdrawn from Summer Day Camp.
- If my child is withdrawn before a two-week written notice is provided, full payment is due.
- Late pick-up fee: after 6:01 p.m. you will be charged \$1 per minute late fee.
- I understand and agree to abide by the policies and procedures outlined in the Parent Handbook.
- I understand that the OCPRD Summer Day Camp program is not licensed, nor required to be licensed by the state.

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 Oconee 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 Oconee County the Board of Commissioners, and all employees or agents of Oconee County, including all individuals who are affiliated with the programs administered by the Parks and Recreation Department of Oconee 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 Oconee 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 Oconee 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 Oconee 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 Parents Association for Youth Sports (PAYS) 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 _____

**OCONEE COUNTY PARKS AND RECREATION DEPARTMENT
2018 SUMMER DAY 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:

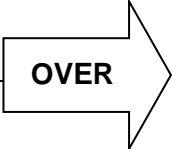
List any recent hospitalizations (within the past 6 months):

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: _____ |
| Attention Deficient/Hyperactivity..... | <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: _____ |
| 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: _____ |
| Intellectual Disability..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, explain: _____ |
| Learning 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



**OCONEE COUNTY PARKS AND RECREATION DEPARTMENT
SUMMER DAY CAMP 2018**

Authorized Pick-up of Participant – 100% ID

- Please list anyone **including** yourself, the parent/guardian, who is **authorized** to pick up your child from Summer 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.
- Individuals on this list can only be removed by written consent from the parent/guardian who enrolled the participant in the Summer Day Camp program.

Not Authorized List

Name	Comments/Relationship

Parent/Guardian Signature _____

Date _____

**OCONEE COUNTY PARKS AND RECREATION DEPARTMENT
2018 SUMMER DAY CAMP - PARENTAL CONSENT FORM - FIELD TRIPS AND POOL TRIPS**

THIS CONSENT FORM IS VALID FOR THE ALL SUMMER DAY CAMP PROGRAM FIELD/POOL TRIPS

As a parent/guardian, I understand that the waiver and release of liability signed on the registration form for the Summer Day Camp includes planned field trips. In addition, I grant permission for my child to attend the listed field trips and pool trips, knowingly and freely assume all inherent risk in activities, assume full responsibility for my child's participation, and hereby indemnify and hold harmless Oconee County Board of Commissioners, and all employees or agents of Oconee County from any and all liabilities incident to my child's involvement or participating in these field/pool trips or transportation to and from activities, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law. I hereby grant consent to any and all first aid deemed necessary for my child by Oconee County Parks and Recreation, including first aid transportation to and from first aid responders.

- Weekly field trips and pool trips are a planned part of the Summer Day camp program activities.
- Field trip days and times are subject to change.
- Campers must be enrolled and the weekly fee paid in order to attend field/pool trip for that week.
- There is no alternative for campers that are not attending the planned field/pool trips.
- If the 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.
- Campers must wear the provided field trip shirt on field trip days (does not include pool days).

Week	Group	Depart	Return	Field Trip Date	Field Trip Location
1	K-3	12:30 pm	3:30 pm	Wednesday, May 23	ShowTime Bowl
	4-5	12:30 pm	3:30 pm	Wednesday May 23	Skate Inn
2	K-5	8:00 am	5:00 pm	Wednesday, May 30	Stone Mountain Park
3	K-2	8:00 am	5:00 pm	Wednesday, June 6	Noah's Ark
	3-5	9:30 am	3:00 pm	Wednesday, June 6	Funopolis
4	K-2	8:00 am	5:00 pm	Wednesday, June 13	Center for Puppetry Arts
	3-5	8:00 am	5:00 pm	Wednesday, June 13	Tree Top Quest
5	K-2	8:00 am	5:00 pm	Wednesday, June 20	Helen Water Park
	3-5	8:00 am	5:00 pm	Wednesday, June 20	Helen Tubing
6	K-2	8:00 am	5:00 pm	Wednesday, June 27	Fernbank Museum
	3-5	12:30 pm	4:00 pm	Wednesday, June 27	Active Climb
7	K-5	9:00 am	3:00 pm	Friday, July 6	Field Day at HCM
8	K-2	11:00 am	2:30 pm	Wednesday, July 11	RUSH Air
	3-5	1:30 pm	4:30 pm	Wednesday, July 11	RUSH Air
9	K-2	8:00 am	5:00 pm	Wednesday, July 18	Francis Meadows
	3-5	8:00 am	5:00 pm	Wednesday, July 18	Lanier World
10	K-2	TBD	TBD	Wednesday, July 25	University 16 Cinemas
	3-5	TBD	TBD	Wednesday, July 25	University 16 Cinemas

POOL TRIPS

Each week, on Tuesdays or Thursdays, my child will participate in a pool trip to Friendship Pool in Oconee County. Pool days and times are subject to change.

Parent/Guardian Name _____
Parent/Guardian Signature _____

Child's Name _____
Date _____



**OCONEE COUNTY PARKS AND RECREATION DEPARTMENT
2018 SUMMER DAY CAMP – EMERGENCY CONTACT INFORMATION – FIELD/POOL 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 parent/guardian.

Sibling Name – If also enrolled in Summer Day Camp _____