

Winterville Center for Community and Culture

**Day Camp Registration Form**

**“Forest Fantasy Kidz Kamp”**

**A one-week summer day camp for kids ages 6 to 12**

**July 22 – 26, 9:00 am – 4:00 pm**

**Arts, crafts, music, games, fitness, and more!**

Please fill out the following information and bring or mail to the Winterville Center prior to July 7, 2019. Copies of this form are acceptable.

**CAMPER’S INFORMATION (Please print)**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a resident of Winterville:  Yes |  No If no, please list city \_\_\_\_\_

**1<sup>st</sup> PARENT/GUARDIAN INFORMATION (Please print)**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer’s Name \_\_\_\_\_

Employer’s Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**2<sup>nd</sup> PARENT/GUARDIAN INFORMATION (Please print)**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer’s Name \_\_\_\_\_

Employer’s Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## Parent Consent and Waiver Agreement

Please initial each of the following AND sign below:

\_\_\_\_\_ I give permission for the named camper to be included in camp photos and videos for promotional use.

\_\_\_\_\_ I understand that a medical information form must be filled out, signed and returned.

\_\_\_\_\_ I understand Liability Insurance is carried by the City of Winterville; however, I agree to be responsible for all charges incurred in the treatment of the participant regardless of whether our insurance covers such charges. When I receive a call from the Winterville staff indicating my child is ill, based on our Health Policy, I agree to have my child picked up from day camp immediately.

\_\_\_\_\_ I will inform the Winterville Center within 24 hours or next business day after their child or any member of my immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

\_\_\_\_\_ I understand that I am responsible for the non-refundable registration fee and camp payments. Camp fee will be paid by check payable to the City of Winterville or with a credit card by Monday, July 1<sup>st</sup>, 2019. There will be a \$35 fee for all returned checks.

\_\_\_\_\_ NOTICE OF EXEMPTION.

I, (please print) \_\_\_\_\_ 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. A Certificate of Exemption shall be posted.

*I have read and received a copy of the day camp policy and agree to abide by the camp policies. I acknowledge this to be a legal and binding contract.*

\_\_\_\_\_  
Parent/Guardian signature

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Office use:

Date enrolled \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Fee collected: \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff initials: \_\_\_\_\_

**EMERGENCY INFORMATION AND PICK UP AUTHORIZATION**

*Please provide 2 additional people other than the parents/guardians that live in separate households. The emergency contact listed must also be listed under authorized pick-up.*

**Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

*The following people are authorized to pick up child:*

**Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

*The following people are NOT authorized to pick up child:*

**Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_

***Physician information***

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital \_\_\_\_\_

**Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures). We do not have a medical person on staff, therefore, a parent or guardian must come to the Winterville Center to administer any medication to their child as needed or required.**

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?  
Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?  
Yes\_\_ No\_\_ If yes,  
explain: \_\_\_\_\_

Waiver of Liability: Should an emergency occur, for which I cannot be contacted, I/we will allow my/our child to be treated by hospital, physician, or other certified medical personnel in the event of injury, accident, or illness. I/We further agree to assume all risks and hazards incidental to such participation, including transportation to and from the activities and do hereby waiver, release, absolve, indemnify, and agree to hold harmless City of Winterville, the Winterville Center for Community and Culture, supervisors, staff, instructors, volunteers, and authorized persons transporting myself or my/our child for any claim arising out of any injury to myself or my/our child, except injury caused by or resulting from the sole negligence or concurrent negligence of the City or its agents.

Signature(s) \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_